DOCUMENT RESUME

ED 120 552 CE 006 946

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TITLE	Medical Assistant Curriculum.
INSTITUTION	Rutgers, The State Univ., New Brunswick, N.J. Curriculum Lab.
SPONS AGENCY	New Jersey State Dept. of Education, Trenton. Div. of Vocational Education.
REPORT NO	Pub-No-0023; VT-102-625
PUB DATE	Feb 76
NOTE	131p.
AVAILABLE FROM	New Jersey Vocational-Technical Curriculum Laboratory, Rutgers-The State University, Building 4103 Kilmer Campus, New Brunswick, New Jersey 08903 (Catalog Number CE 359, $3.00)
EDRS PRICE	MF-$0.83 HC-$7.35 Plus Postage
DESCRIPTORS	Course Content; *Curriculum Guides; *Health Occupations Education; Job Skills; *Medical Assistants; *Medical Laboratory Assistants; Medical Vocabulary; Records (Forms); Secondary Education; *Secretaries; Skill Development; Teaching Guides

ABSTRACT

Intended to serve as a guide to school personnel responsible for curriculum development, the course outline is designed to prepare high school students for entry into the medical field as an assistant in a doctor's office. Contents are divided into three areas: medical secretary, medical technician, and doctor's assistant (patient management). Within each area, the specific skills to be learned are presented in units with detailed lesson plans. For each unit, the plan gives: length of time required, objectives, suggested instructional procedures, unit outline (material to be covered), discussion guide and demonstrations, references, and suggested teaching aids. Appended are the questionnaire used to determine skills required, lists of medical terminology, sample forms used in doctor's offices, and references. Although the guide was planned to train students in all three areas of the curriculum, individual schools may use only one or two areas, depending upon local needs and resources. (RG)

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ED120552

State of New Jersey
Department of Education
Division of Vocational Education
Bureau of Occupational Research Development

MEDICAL ASSISTANT CURRICULUM

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U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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Vocational-Technical
Curriculum Laboratory
Rutgers – The State University
Building 4103 – Kilmer Campus
New Brunswick, New Jersey

February, 1976
Publication # 0023

VT102 625

CE 006 944

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This publication is one of a series of curriculum documents in career education written under the statewide curriculum development project conducted by the New Jersey Curriculum Management Center. Materials developed under this project are published by the New Jersey Vocational-Technical Education Curriculum Laboratory in order to ensure the widespread availability of these materials to practitioners in the field at a reasonable cost.

Dr. Joseph F. Kelly

Project Director
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TABLE OF CONTENTS

Page

Introduction i
Survey of Medical Community 1
Qualifications for Medical Assistant Program 2
Course Outline – General 4
Course Outline – Time Blocks 5

I Medical Secretary

A. First Semester
1. Objectives 8
2. Medical Terminology 9
3. Typing 11
4. Receptionist 12
5. Mail – Filing 14
6. Telephone Etiquette and Appointments 17
7. Bookkeeping 19

B. Second Semester
1. Medical Terminology 21
2. Interview Preparation 24
3. Medical Typing 26

II Medical Technician

A. First Semester
1. Objectives 28
2. Skeletal – Muscular System 29
3. Circulatory System 31
4. Respiratory System 34
5. Digestive System 37
6. Female and Male Reproductive System 39
7. Urinary System 41

B. Second Semester
1. Laboratory Technology – Orientation 43
2. Laboratory – Urinalysis 45
3. Urinalysis – Significance of the Abnormal 48
4. Coagulation Blood Typing 50
5. Sedimentation Rate 52

III Doctor's Assistant

A. First Semester
1. Objectives 56
2. Orientation 57
3. Interpersonal Relationships 59
4. Patient Management 61
5. Law 63
6. Personal Health and Hygiene 66

B. Second Semester
1. Supplies 68
2. Sterilization 71
3. Temperature – Pulse – Respiration 74
4. Examination of Patient 78
5. Hospital Admissions 80
6. Community Resources 81

Appendices
1. Questionnaire 83
2. General Medical Terms 85
General Surgical Terms 89
3. Forms 92
4. Medical Group Schematic 111
5. Vocabulary – Laboratory Technology 112
6. Job Placement 114
7. Laboratory Analysis Sheets 115
8. Positioning 117

References 119

INTRODUCTION

The estimated number of health personnel needed within the next few years is escalating to unprecedented heights. In 1975 the health care industry will be the nation's largest industry embracing five million workers. The imminent passage of a national health plan indicates that growth will continue.

In exploring the Health Office Occupations Cluster it may be noted that medical group situations are frequently staffed by a professional nurse, laboratory technician and medical secretary. However it is not unusual that a single doctor may choose to conduct his/her office on the rationale that one individual efficiently trained for his/her eclectic needs is sufficient help.

Paramedical candidates may be trained to play a significant ancillary role in the organizational structure of medical personnel. As a medical assistant such a candidate may be trained to perform his/her duties under the supervision of a professional nurse or doctor.

A student, while remaining within the high school ambience, may elect to take such courses as would afford him/her an entry into the medical profession. A medical assistant program at the high school level may draw on science departments to teach routine laboratory procedures, business departments to teach medical terminology, office etiquette, typing, the school nurse to teach techniques of patient management, and community hospitals to offer internships in all three disciplines.

SURVEY OF MEDICAL COMMUNITY

In exploring the possibilities of a health career program of this type, it was decided to consult with health career resource persons. Listings of typical duties performed by office assistants were obtained from a varied selection of doctors offices. The Medical Assistant's responsibilities which emerged as standard, were incorporated into a questionaire. Doctors from Sussex County, New Jersey were contacted to ascertain the degree of acceptance such a program would receive from potential employers.

The questionaire and the results are given in Appendix One of this manual.

From consultation with health career resource persons and from an alysis of the survey results, three primary roles of the Medical Assistant emerge. These are as follows:

1. Medical Secretary
2. Medical Technician
3. Doctor's Assistant (Patient Management)

These three areas serve as the pivots for this curriculum. Courses in each area are outlined. Although the curriculum is designed to train an individual in all these areas, school personnel may decide to use only one or two of the curriculum areas, according to local needs and resources.

QUALIFICATIONS FOR MEDICAL ASSISTANT PROGRAM

Personal Qualities

The most important qualification can best be described by quoting one doctor's reply. He wrote "if the candidate doesn't have *feeling for the patient* no amount of training matters."

These personal qualities in a prospective medical assistant are seen as important:

Empathy – experiencing with the patient his/her misgivings, concerns, apprehensions. The ability to relate and reasure.

Interest in helping individuals irrespective of race or creed.

Courtesy – always addressing the patient by name. Courtesy in telephone contacts.

Cheerfulness – pleasantries with the patient upon entering and leaving the office.

Maturity – the quality of dealing with all situations with poise.

Discretion – especially as concerns confidential information.

Dependability as concerns attendance.

Efficiency in performance of laboratory and clerical duties.

Appearance – well groomed and professional.

Ability to work harmoniously with co-workers.

Receptiveness to change.

Educational Prerequisites

1. Typing I "C average" minimum
2. Biology I "C average" minimum
3. Chemistry I "C average" minimum
4. Clerical Practice, "C average" minimum
5. Reading, preferable at grade level but no more than one year below.

Entrance Requirements

1. The candidate must be in good physical and mental health. The individual must be fully aware that s/he will be the key public and human relations person in the doctor's office.

2. Two recommendations, one from a teacher, one from a guidance counselor.

3. Personal interview with the faculty member in charge of the career curriculum.

COURSE OUTLINE

This outline has been prepared to serve as a guide to school personnel responsible for curriculum development. It may be used to develop course materials for training persons who wish to qualify for eventual certification in the medical assistant discipline.

The course of study includes three principal disciplines. The outline therefore is divided into three sections.

Medical Secretary

Medical Terminology – two semesters
Reading – definition – study – writing – typing – evaluation-reinforcement via tapes

Typing II – first semester
Develop typing skill to employable level.
Duplicator and use of business machines.

Medical typing – second semester
Medical forms, reports, insurance

Clerical Practice – first semester
Mail, filing, appointments, telephone, the role of receptionist.

Medical Technician

Anatomy and Physiology – first semester
Anatomy and function of the seven systems.

Laboratory Technology – second semester
Urinalysis – routine and microscopic. Blood tests – routine and microscopic.

Doctor's Assistant (Patient Management)

Psychology of patient management – three weeks.
Behavioral patterns of different age groups. The apprehensive patient.

Ethics – Legal Aspects – three weeks. Medical Practice Act, professional liability.

Office Management – twelve weeks. Supplies, sources of information, hospital admissions, equipment.

Patient Management – second semester
Preparing patient for exam, temperature, pulse, respiration

Clinical Procedures – Doctor's Assistant
Sterilization, examining room techniques, setup assisting doctor.

SEMESTER I

TIME BLOCK = 3 WEEKS – 18 WEEKS

Medical Terminology				Test at end	Internship 2 weeks Review) Exam) 1 week of each block
Typing II Development of typing skill and speed					Internship 2 weeks Review) Exam) 1 week
Orientation to Medical Assistant	Interpersonal Relationships	Patient Management	Law	Personal Health Hygiene	Internship 2 weeks Review) Exam) 1 week
The Receptionist Role	Mail Filing	Appointments Telephone Etiquette	Financial Records | Bookkeeping		Internship 2 weeks Review) Exam) 1 week
Anatomy Physiology Skeletal Muscular System	Circulatory System	Respiratory System	Digestive System Genito-Urinary System	Reproductive System Male Female	Internship 2 weeks Review) Exam) 1 week

SEMESTER II

TIME BLOCKS = 3 WEEKS – 18 WEEKS

Medical terminology lists commonly used words.	25 (Assignment and (Testing Areas Medical Assistant Text	Student's Choice of Specialist Vocabulary or Compose Own Dictionary	Job Interview Preparation	Internship 2 weeks Review) Exam) 1 week
Medical Typing	Forms Reports Types of Hospitalization Forms	Business Machines I.B.M. Transcriber Dictaphone Billing Machine Copier		Internship 2 weeks Reveiw) Exam) 1 week
Office Supplies	Sterilization	Temperature – Pulse – Respiration Examination of Patient Procedure Equipment Draping	Arranging Hospital Admission Community Resources	Internship 2 weeks Review) Exam) 1 week
Laboratory Technology Vocabulary Safety Routine Procedures	Urinalysis Significance of the Abnormal	Urinalysis Testing	Sedimentation Rate Blood Sugar Complete Blood Count Hemaglobin Coagulation Blood Typing R.H.	Internship 2 weeks Review) Exam) 1 week

Student Accomplishments on Graduation

At the completion of this course the medical assistant should be capable of performing the following duties:

Answer the telephone and schedule appointments.

Receive patients in a professional yet friendly manner.

Prepare patients for examinations and assist the doctor with examinations.

Reassure and comfort apprehensive patients.

Perform certain laboratory tests as authorized by the doctor.

Type medical reports and fill out insurance forms, billing, filing.

Arrange hospital admissions.

Certification

According to the American Association of Medical Assistants, a student with these skills is eligible for the certification examination after three years experience.

First Semester

MEDICAL SECRETARY

THE MEDICAL SECRETARY

Units I – XV and XXVI – XXXV

Objectives

1. To instill a knowledge of medical vocabulary via a word building method which stresses word roots, prefixes and suffixes.

2. To teach accurate spelling and pronunciation in addition to other phonetic skills.

3. To enable the pupil to complete medical forms, medical reports, etc. with ease and accuracy through knowledge of specialized vocabulary.

4. To develop typing skill and speed appropriate for the processing of medical reports and forms.

5. To initiate into the uses of business machines.

6. To train in the duties of receptionist – including the handling of mail, filing, appointments and financial records.

7. To prepare the student in the techniques of job appraisal and job interviews.

Periods Required: 90

Objectives

To familiarize the student with medical terminology through the study of word roots, prefixes, suffixes and their basic meanings. To acquaint the student with the word building process and develop a fundamental skill in typing these terms accurately.

Suggested Instructional Procedure

Lecture, discussion demonstration of use of text, black board, recall and practice.

Unit Outline

A. The programed text *Medical Terminology,* (pages 1 – 278).

1. Defining terms used, "frame," "program."
2. Individualized program. Learning at trainee's own pace.
3. Recommended progressive and conceptual use of text – immediate correction and reinforcement of errors.
4. Accent "learning" concept in lieu of "testing."

B. The text *Medical Word Book.*

1. Used as asupplement to the programed text.
2. Illustrations to reinforce definitions.
3. Symbols and abbreviations as aids in expediting medical reports.
4. The advantage of word listings according to medical specialty categories – cardiology, etc.

C. The text *Encyclopedia and Dictionary of Medicine and Nursing,* for reference in the class room.

1. The author's simple and useful definitions. Example "Arthragragouty – pain in a joint."
2. Using this book in relating phonetic and visual skills via use of colored illustrations of skeletal, muscular, vascular, respiratory, digestive, genito-urinary and nervous systems.
3. Easy availability of terms and information through anatomical listings. Example – the muscles. Common name, medical term, function, etc.
4. Miscellaneous information – household measurements – their approximate medical equivalents.
5. Listings of voluntary health and welfare agencies.

Discussion Guide

1. The importance of a good foundation in any language discipline.
2. Understanding text usage.
3. Being aware of the advantages in resources that each text offers.

References

Miller, B.F., and Kean, C.B., *Encyclopedia and Dictionary of Medicine and Nursing*, latest addition, W.B. Saunders Publisher.

Smith, G.L. and Davis, P.E., *Medical Terminology*, second edition, J. Wiley and Sons

The Medical Word Book

Methodology

Word study, pronunciation, writing the first four days of each week. The fifth day – typing of terms covered that week.

Testing on area from pages 88 through 287 using instructor's own text or Reveiw Sheet #1 in text.

This program should be scheduled to proceed through the first semester as outlined in the programed text, by frames, and with testing every three weeks.

Periods Required: 90

(Five per week.)

Objectives

Mastery of typewriter
Advance accuracy and speed
Develop production rate comparable to hiring standards of the employing community.

Suggested Instructional Procedure

Guidance, correction of poor habits, practice, mini drills, Typwriting II Workbook.

Unit Outline

Follow text – *Gregg Typing*

Discussion Guide (and Demonstration)

Lecture, discussion, demonstration

References

Nelson, Julius, *Mini Drills*, H.M.Rowe Company, 1967.

Newton High School, *Curriculum of Study*, Commercial Department

Rowe, John, Floyd, Alan C., Smith, Harold H., *Gregg Typing*, 2nd edition, (including *Workbook* supplement).

Teaching Aids

Manual typewriters, timer, rhythm records, bulletin boards

Periods Required: 15

Objectives

To teach the duties and services of the receptionist. The primary function is to project an image of warmth, interest, friendliness, and efficiency.

Unit Outline

A. Concern for patient's needs

1. Physiologic. Maintaining homeostasis – briefly, keeping all body functions in proper balance.
2. Safety. The feeling of security.
3. Recognition, esteem and affection.
4. Acceptance as an individual.
5. Aesthetic. This could be as simple as a flower in a vase on the receptionist's desk.

B. Appearance

The impression projected to the community by the medical assistant should be that of a poised professional person.

1. Her make-up should convey an impression of natural good looks. Make-up should be used with taste and discretion.

2. Most medical assistants wear either a white uniform or a white pants suit. The doctor may prefer that a uniform be worn. This arrangement insures an acceptable mode of dress and precludes the daily problem of "what-to-wear." If laboratory testing is an assigned duty, the uniform arrangement is even more preferable.

3. Fingers and hands should be well groomed. Nails should be an appropriate length.

4. Gum should not be chewed during working hours.

5. An uncluttered desk should be maintained.

Discussion Guide

Discussion on personal observations of receptionists in doctors' offices – favorable and unfavorable.

Role playing of a receptionist performing well on her job and one who is not.

Exchange ideas on skillful handling of different groups encountered in a doctor's office.

References

Brunner, L.S., Emerson, C.P., and Gerguson, L.K., *Textbook of Medical and Surgical Nursing*

Teaching Aids

Filmstrip *The Medical Assistar*

Receptionist, Eyegate Kit 331.7

The Trap, page 121* *To Help You Understand*, page 85**

A United System film, *Everyone Has Two Jobs*

Wood, M.W., and McKenna, M.A., *The Receptionist*

*Produced by Ben Rinaldo Co., 1968

**Produced by Veterans Administration, 1973

Periods Required: 5

Objectives

To teach the student an efficient system of mail handling.

Suggested Instructional Procedure

Lecture, discussion, practice, and evaluations

Unit Outline

A. The mail – the following skills should be mastered.

1. The ability to sort incoming mail into appropriate categories.
2. Stamping the day's mail with the date on which it is received.
3. Precautions for releasing outgoing mail.
4. Proper method of folding and inserting letters.
5. Stamps
6. Stamped envelopes and cards – their particular uses
7. Metered mail
8. Classes of domestic mail
9. Special postal services.

B. Special services preferred for use in the doctor's office situation.

1. Typed letter possibly a consultation report should be mailed "first class."
2. A sealed package containing medication should be sent "special handling."

Discussion Guide and Demonstration

Reasons for various types of mail processing – incoming and outgoing.
Use of mechanical devices
Post Office Services
Zip Code System

References

"A Career" in Medical Assisting

Wood, M.W. and McKenna, M.A., *The Receptionist,* McGraw Hill

Periods Required: 10

Objectives

To master the skill of understanding and maintaining an effective and dependable filing system.

Suggested Instructional Procedure

Lecture, discussion, demonstration, practice, evaluation.

Unit Outline

A. Filing

1. Records management
2. Alphabetic filing rules
3. How to file
4. Commercial alphabetic files
5. Numeric, subject and geographic filing
6. Visible files and soundex filing
7. Charge, follow-up, transfer and storage

B. Circumstances unique to the doctor's office.

1. Patients records
   a. Active file
   b. Inactive file
   c. Closed file
2. Anonymity of patient. When this is desired, numeric filing is used.
3. If an outgoing or incoming communications concerns several patients, cross references are made for all but the first patient and filed in their respective folders.
4. The Doctors professional papers. Doctors maintain memberships in medical societies in order to communicate and discuss with colleagues mutual medical problems. One of the medical assistant's duties regarding these memberships is to see that they are renewed before they expire. In filing professional papers the following rules are observed:
   a. When there are five or more papers accumlated on the same subject an individual folder is used.
   b. Filing order in an individual folder is in the order of date, with the most recent folder on top.
   c. A miscellaneous folder is used for less than five papers on the same subject.

c. A miscellaneous folder is used for less than five papers on the same subject.
d. Filing order in a miscellaneous folder is first alphabetically, then by date.

Discussion Guide (and Demonstration)

Demonstration. Progressive use of all equipment

Teaching Aids

Commercial alphabetic files, numeric, subject geographic, markers, storage files.

TELEPHONE ETIQUETTE AND APPOINTMENTS — Unit XIII

Periods Required: 15

Objectives

To create a favorable impression of the doctor's office through the media of patient interest, telephone etiquette, and an efficient appointment system.

Instructional Procedure

Lecture, discussion, sharing, problem solving.

Unit Outline

A. Telephone techniques

1. Greating. A pleasant greeting and the name of the doctor's office.
2. Implement the objective of the caller.
   a. If a patient phones and requests a word with the doctor, ascertain what the problem is and brief the doctor on the intercommunications system. Remove the patient's medical records from the file and hand them to the doctor.
   b. If the doctor has a "telephone hour" see that the patients are apprised of this – perhaps have it printed on his/her professional business card.
   c. Space outgoing calls so the lines are kept open for incoming patient calls.
   d. Personal calls should be kept at a minimum and very brief.
   e. If an incoming call is on "hold" the caller should be briefed periodically that the call has not been forgotten.
   f. A call from another doctor is given high priority.
   g. A memorandum form is used for all telephone messages.

B. Appointments. Efficiency in balancing the patient's request with the doctors availability is important.

1. In daily scheduling allow a free interval of 15 to 20 minutes. This may be used for an unscheduled appointment or a brief period of respite for the doctor.
2. Appointments should be given for the earliest possible date.
3. An alternate appointment is offered to a patient who calls in to cancel an appointment.

4. The receptionist should try to remember the time each patient prefers. If the requested appointment time is not available, explain to the patient why.
5. Patients are usually taken in the order of their arrival. However this must be adjusted according to a particular set of circumstances.
6. If the doctor is delayed for a considerable length of time the patients are given an option of returning for another appointment or remaining.
7. If a patient is late for his/her appointment he/she should be advised that his/her time with the doctor may be for a shorter period than originally planned.
8. If a patient visits the office without an appointment and if the schedule permits, s/he is advised that the doctor will see her/him briefly between scheduled appointments.
9. Patients who have an emergency situation are seen before all other patients.
10. A visiting physician is taken to the doctor's consultation room as soon as it is free.

Discussion Guide

Share experiences, satisfactory and unsatisfactory of telephone contacts and of obtaining appointments at a doctor's office.

Problem solving. Resolve problems by class discussion reaching conclusions or recommendations for corrective policy changes.

Role playing. Reverse role playing.

References

Bredow M., and Cooper, M.G., *The Medical Assistant*

Wood, M.W. and McKenna, M.A., *The Receptionist*

Teaching Aids

Film: *How to Lose Your Best Customer*, local telephone company

Booklet: Bete, Channing E., *The Phone and You*

Periods Required: 30

Objectives

To learn how to maintain and interpret business records efficiently.

Suggested Instructional Procedure

Lecture, discussion, chalkboard, demonstration, practice, evaluation.

Unit Outline (See text – *20th Century Bookkeeping and Accounting*)

A. Basic concepts of business practice – bookkeeping and records
   1. Keeping accounts accurately and systematically
   2. Journals
   3. Ledgers

B. To familiarize the student with the various business forms unique to the doctor's office.
   1. Daily earnings record
   2. Customer's receipt
   3. Disbursements for the month
   4. Check forms

C. How to interpret information contained on records.
   1. Income statement
   2. Tax records – tax tables
   3. Schedules of account
   4. Various expense forms
   5. Ledger arrangement
   6. Numbering of accounts
   7. Account balances
   8. Balance sheet

References

Newton High School, Newton, N.J., **Curriculum of Study, Commercial Department, 1969.**

Teaching Aids

Basic text: Carlson, Forkner, Boynton and Swanson, *20th Century Bookkeeping and Accounting*, 1967, 23 edition.

Reference texts: Income tax books

Graphs, charts, statements, tables F.I;C.A. taxes

Journal 5, general ledger set with business papers and subsidiary ledgers.

1 – Journal (combination cash) with general and subsidiary ledgers, business papers, tax records.

Second Semester

MEDICAL SECRETARY

MEDICAL TERMINOLOGY: Medical and Surgical Lists — Unit XXVI

Periods Required: 15

Objectives

To increase the student's knowledge of terms commonly used in general medical practice, their correct spelling, pronunciation, application and practice in typing them. (The author's lists of medical and surgical terms in Appendix two.)

Suggested Instructional Procedure

Discussion, definitions with use of medical dictionary text, pronounciation, writing and typing.

Unit Outline

Concentration on frequently used terms, medical and surgical, as in the lists in Appendix Two.

Discussion Guide

1. The basic terms as a foundation for a medical vocabulary.
2. The significance of accuracy in medical reports.

Teaching Aids: Word lists

References

Encyclopedia and Dictionary of Medicine and Nursing.

Periods Required: 30

Objectives

Orientation to *Medical Assistant* text.
Evaluation of progress made through testing and correction technique.
Relating professional with practical terminology.

Suggested Instructional Procedure

Completion of the twenty-five vocabulary testing units in the medical terminology section of the workbook to accompany *The Medical Assistant* by Miriam Bredow and Marion G. Cooper.

Unit Outline

Follow *The Medical Assistant* text.
Four units to be done weekly in four periods. The fifth period to strengthen accuracy concept. Error correction.

Reference

Bredow, Miriam and Cooper, Marion G., *The Medical Assistant*, (including accompaning *Workbook*).

Periods Required: 15

Objectives

Encourage student initiative in pursuing a specialized area of vocabulary development.

Suggested Instructional Procedure

Student to select and plan his/her own unit, subject to instructor's approval.

Unit Outline

A practice unit in his/her own weak areas.

Select a unit of particular interest to his/her spericalized area – e.g., cardiology, pediatrics, etc. Consult *The Medical Word Book*.

Discussion Guide

1. Reasons for selection
2. How selection will benefit trainee.

References

The Medical Word Book

Workbook to The Medical Assistant

Hours Required: 15

Objectives

To develop skill in the techniques of job appraisal, job interviews and the dynamics of good rapport.

Suggested Instructional Procedure

Lecture, discussion, role-playing – reverse role-playing, practice, group evaluation.

Unit Outline

A. Job appraisal – in what type of job would the trainee be happy, successful and gain experience.
   1. Large group or small group – clinic or doctor's office.
   2. Travel time involved
   3. Distance from home – reliability of transportation.
   4. Feasibility of working hours as related to home responsibilities.
   5. Will varied skills be required to reinforce with experience the disciplines studied.

B. Job interview – preparation.
   1. The contact. Once a contact is made a brief letter requesting an interview should be forwarded. It should be expository of the business skills the trainee has achieved.

   2. Upon receipt of an interview appointment a resume should be prepared to present to the prospective employer. It should include:
      a. Photo – head and shoulders
      b. Personal data
      c. Education
      d. Extracurricular activities, especially job-related e.g., hospital volunteer etc.
      e. References

   3. Appearance. Clothing – appropriate – attractive – fresh. Good posture. A relaxed attitude.
   4. Bring fountain pen, notebook, social security card.

C. The Interview.

1. Questions from the interviewer, or "Tell me about yourself" preparation for either approach.
2. Facts only, regarding future plans and resume material.
3. Your hobbies or "off-the-job" interests.
4. The interviewer's appraisal includes your:
   a. Personality
   b. Attitude
   c. Speech
   d. Manners
   e. Poise
   f. Knowledge
   g. Perception
   h. Potential
5. Salary – a wise beginner starts at the accepted salary for the position. Hours and overtime may be discussed.
6. If the applicant is to call the prospective employer regarding his/her decision – the phone number, time etc. should be noted carefully.

Discussion and Demonstration Guide

1. Discussion culminating in each student presenting a picture of the type of position they would like and why.
2. Practice – preparation of types of letters involved
3. Practice – preparation of resume.
4. Discussion – do's and don'ts of interview.
5. Interview – role playing – reverse role playing

References

Wood, Merle W. and McKenna, Margaret A., *The Receptionist*, New York: Gregg Division, McGraw-Hill, 1966.

Periods Required: 45

Objectives

Increase the student's typing skill in the area of medical terminology, medical communications and the different types of insurance forms.

Suggested Instructional Procedure

Lecture, orientation to different types of forms

Unit Outline

1. To advance in accuracy and speed in typing medical reports and forms.
2. To understand the uses of the different types of forms.

Discussion Guide (and Demonstration)

Reinforcement of medical terminology through increased usage.
Demonstration of insurance forms. (See Appendix Three).

References

Word lists of medical terminology

Medical Assistant text

Teaching Aids

Staff member of hospital business office as a speaker.

Office manager from a community doctor's office as a speaker.

Periods Required: 30

Objectives

Develop ability to use dictaphone, transcriber, billing machine, and copier.
Learn correct techniques.

Suggested Instructional Procedure

Lecture, demonstration, discussion, practice.

Unit Outline

Learn operating features of each machine.

Discussion Guide and Demonstration

Techniques to avoid common errors. Fundamentals stressed.
Stress the importance of each machine.

References

Newton High School, Curriculum of Study, Commercial Department

Teaching Aids

Teacher's text *Transcription Dictation,* Leslie and Zoubek.

IBM *Executary Transcribing Techniques.*

IBM transcribers, dictating equipment, magnetic belts, electric and manual typewriters, demonstration machines.

First Semester

MEDICAL TECHNICIAN

MEDICAL TECHNICIAN

Units XVI and XXXV – XL

Objectives

1. Familiarize with anatomy and functions of the primary systems of the body:
   a. Skeletal-Muscular System
   b. Circulating System
   c. Respiratory System
   d. Digestive System
   e. Reproductive System
   f. Urinary System

2. Teach basis laboratory procedures, especially the following:
   a. Urinalysis
   b. Tests in hemoglobin, blood glucose, erythrocyte sedimentation, complete blood count.
   c. Tests on coagulation, blood typing

Hours Required: 15

Instructional Procedures

Lecture, discussion, chalk board, charts.

Objectives

To familiarize the trainee with the anatomy and function of these systems and the commoner conditions caused by disorders of these systems.

Unit Outline

A. The skeleton of the body is the framework and the protector of the vital living organs of the human body. Bones too are living organs supplied with blood, requiring oxygen, nourishment and capable of growth and self-repair. The skeletal system includes these organs:

Bones – which have five functions.

1. The supporting framework of the body.
2. Manufacturing blood cells – red and certain white cells.
3. Bodily movement.
4. A shield for internal organs.
5. Store houses for essential bodily minerals

B. Joints or articulatious occur where two bones meet. They are classified according to the type of movement and the nature of the joint as:

1. Freely movable.
2. Slightly movable.
3. Completely immovable.

C. Disorders

1. **Arthritis** implies joint inflammation. One out of every ten persons in the United States over 14 years of age is afflicted with some form of it. There are two main types – rheumatoid and osteoarthritis. Arthritis in its varying types and stages is characterized by symptoms ranging from small nodules under the skin to swollen deformed, painful, wasted joints. Goals of the medical team are to halt the progress of the disease short of disability, to maintain functional disability and to provide comfort and adjustment for the patient.

2. **Rheumatism** (muscular) is loosely applied to many conditions. Among them are included:

   a. **Fibrositis** – inflammation of fibrous tissues of the extremities frequently caused by injury. Relief is usually obtained after the doctor has ordered rest, immobilization and medication for pain.

   b. **Bursitis.** A bursa – a small space between muscles, tendons and bones is lined with synovium and contain a small amount of synovial fluid. Inflammation occurs in this area due to injury, infection, or the formation of calcuim deposits. The treatment is rest, treatment of the infection and physical therapy. These conditions are very painful and produce marked disability.

   Both of the above conditions may be either acute or chronic and the same patient goals apply here as in the arthritis group.

   In addition to the above noted conditions, other disorders such as synovitis, tenosynovitis ganglion, etc., are frequently encountered in the office of the general practitioner.

Discussion Guide and Demonstration

Lecture, discussion, research on conditions unique to types of doctor's practices, reports.

References

Brunner, L.S., Emerson, C.P., Ferguson, L. Kraeer, Suddorth, D.S., *Medical Surgical Nursing,* J.B. Lippincott.

Schwarzrock, S.P., and Ward, D.W., *Medical Assisting,* W.C. Brown Publisher.

Teaching Aids

Superintendent of Documents, U.S. Department of Health, Education, Welfare, U.S. Government Printing Office, Washington, D.C., ***Strike Back At Arthritis,*** (pamphlet)

Periods Required: 15

Objectives

To impart to the student a fundamental knowledge of the anatomy, the function, the disturbances and diseases of the respiratory system.

Suggested Instructional Procedure

Lecture, demonstration, illustration, labeling of illustrations, film, evaluation.

Unit Outline

A. Parts of circulatory system

The circulatory system may be compared to a transportation system. It delivers blood to and from the capillaries. The exchange of respiratory gases and metabolic substances takes place at this point. Some of the fluid portion of the blood enters the tissues and drains back to the large veins.

1. **Heart.** The heart is a muscular pump the size of a fist and weighing about three fourths of a pound. It pumps between 4,000 and 5,000 gallons of blood a day. The heart rate varies depending upon age and other factors. The normal pulse rate for an adult lies between seventy and eighty beats per minute. The adult of average weight, has about six quarts of blood in his/her body.

2. **Arteries.** The arteries are the large vessels which deliver the blood from the heart to the capillaries.

3. **Capillaries.** The capillaries, the smallest of all blood vessels, deliver the blood to all cells throughout the body.

4. **Veins.** The veins return the blood to the lungs for reogygenation and then to the heart to begin a new cycle.

5. **Lymphatics.**

B. Functions of the circulatory system

1. Transports oxygen to body cells from the lungs in a compound called hemoglobin. As the red blood cells circulate through capillaries in the body tissue, oxygen leaves the hemoglobin and is used by the cells to burn fuel for energy. This process is called oxygenation.

2. Transports nourishment (absorbed food from the small intestine) to the cells.

3. Removes waste. Carbon dioxide is returned to the lungs and is excreted, while other waste products are carried to the kidneys and eliminated.

4. Transports hormones and other glandular secretions to body organs.

5. Helps the body maintain a proper fluid balance by acting as a transportation medium for fluids.

6. Helps the skin and muscles maintain body temperature

7. Maintains the correct acid-base balance within body tissue.

8. Protects the body against prolonged blood loss from an open wound by clotting or coagulating.

9. Defends the body against disease by destroying harmful bacteria which invade the body.

C. Diseases or conditions of the circulatory system.

The medical assistant in his/her daily work will come in contact with patients who have had the following conditions:

1. Hemorrhage results when a vessel is torn open from an accident, an internal disease, or relative to surgery. It may be a major consideration or it may be as simple as a nose bleed.

2. Arterosclerosis. Fatty substances deposit on the interior walls of the veins and arteries. The hardening of the veins which results is sknown as arteriosclerosis.

3. Heart Attack. This situation may result from the heart straining to push the blood through the hardened arteries. There are many other reasons for heart attack.

4. Aneurysm. An aneurysm results when a section of the artery wall becomes very thin and expands like a balloon under the pressure of flowing blood. If the aneurysm ruptures it may be fatal. It is surgically repaired.

Discussion Guide and Demonstration

Student assignments for research and discussion. Heart Association services:

1. Post cardiac attack
2. Prevention

References

Donovan, J., Belsjoe, E., and Dillon, D., *The Nurse Aide.*

Schwarzrock, S., and Ward, D., *Effective Medical Assisting.*

Teaching Aids

United System film, *Hemo the Magnificient.*

Booklets, American Heart Association, *Questions and Answers on Heart and Blood Vessel Diseases, Facts About Blood Vessel Diseases.*

Periods Required: 15

Objectives

Brief the student on the following:

the anatomy, physiology, factors that influence breathing, and the more common disturbances and diseases of the respiratory tract.

Suggested Instructional Procedure

Lecture, illustration, labelling of illustrations, film, pamphlets

Unit Outline

A. Parts and functions of respiratory system

1. **Respiration** (breathing) the inhaling of oxygen which the body needs for the survival of its cells, and the exhaling of carbon dioxide -- a waste gas. Oxygen in combination with protoplasm produces heat, energy, and carbon dioxide.

2. **Sinuses** are cavities within the hollow bones which surround the nasal passages and empty into the nose. They supply mucus to the nose and add resonance to the voice.

3. **Nasal Cavity** (nose) – Here the air inhaled is warmed and filtered by nasal hairs called cilia.

4. **Pharynx** – The passage called the throat which lies behind the nasal passages and the mouth. It joins the nasal cavity and the pharynx.

5. **Larynx** – The "voice box" is a box-like structure of cartilage held together by ligaments. As sound passes over the vocal cords speech is created.

6. **Trachea** (windpipe) – It joins the larynx and ends by dividing into a right and left bronchus.

7. **Bronchi** – The bronchi carries the air through the bronchioles to the alveoli.

8. **Lungs** – The lung is a composite organ, a collection of tiny sacs each of which is separate and complete in itself. It is composed of bronchiole and alveoli. It is flexible and has an elastic property which adjusts to the intake and output of air.

9. **Respiration** is controlled by the medulla situated at the base of the skull. It transmits messages through nerve fibers producing rhythmic breathing. Breathing may also be controlled at will by the individual. If respiration is suspended for more than four minutes the patient will die because the body has no way of storing oxygen.

B. Diseases of the Respiratory Tract

1. **Cold** a term generally used by patients in different ways to denote symptoms of the upper respiratory tract. (U.R.I.) Specific terms such as rhenites, pharyngitis, laryngites, chest cold are used to distinguish the sites of the major symptoms.

2. **Sinusitis** – The sinuses are involved in a high proportions of upper respiratory infections. This condition may be acute or chronic. It is frequently seen in the office of the general practitioner.

3. **Pharyngitis** – commonly called "sore throat." If an uncompmplicated virus infection; recovery takes place within 3 to 10 days. If cuased by more severe bacterial strains – the patient may become very ill.

4. **Laryngitis** – causes hoarseness or complete loss of voice. It may be caused by excessive use of tobacco or alcohol, by overuse of the voice or by inhaling irritating gases. It may also occur as a complication of sinusitis or bronchitis.

5. **Bronchitis** – This condition frequently follows an upper respiratory infection, because the patient's resistance is already lowered. Bed rest, warm fluids and avoiding chilling are important factors in avoiding bronchitis. Middle aged and older patients seem to be more susceptible to it.

6. **Pneumonia** refers to a partial solidification of the lungs due to the filling of the aveoli with an inflammatory exudate in response to an infection or a chemical irritant.

7. **Emphysema** is a lung condition in which a stretching and fusing takes place of the finer air passages with a resulting loss of elasticity. The person with emphysema has a marked increase in airway resistance to the inflow and outflow of air from the lungs. The patient moves air more slowly and inefficiently and has to work harder to do it. It is most common in men over forty-five years of age.

Environmental conditions affecting the respiratory system adversely:

Polluted air – smoke, fumes
Smoking
Urban living
High altitudes

Discussion Guide

Have each student research one of the conditions noted above and state how this knowledge will assist him/her in understanding the patient.

Respiratory disease trends.

Control of respiratory infections in the waiting room.

References

Brunner, L.S., Emerson, C.P., Ferguson, L.K., and Suddorth, D.S., *Medical Surgical Nursing.*

Lawerence, T.G., Schriner, A., Powers, D.F., and Vorhous, L.J., *Your Health and Safety.*

Donovan, J., Belsjoe, E., and Dillon, D., *Nurse Aide.*

Teaching Aids

Pamphlet, N.J. Tuberculosis Association, Orange, N.J., *Facts of Emphysema.*

Hours Required: 15

Objectives

To familiarize the trainee with the anatomy and function of these systems and the commoner conditions caused by disorders of these systems, which may be encountered in medical assistant work.

Instructional Procedures

Lecture, discussion, chalk board, charts.

Unit Outline

A. Alimentation is the function of the digestive system and is divided in four areas.
   1. Ingestion – introduction of food.
   2. Digestion – the breakdown of food into compounds.
   3. Absorption – the transfer of completely digested products to the blood stream.
   4. Utilization – use of blood stream products by the tissue for growth and energy.

B. Organs involved.
   1. Mouth. Teeth, salivary glands – functions.
   2. Esophague – passage from mouth to stomach.
   3. Stomach. Functions – food reservoir, digestion via gastric juices.
   4. Small Intestine – Duodenum. Functions – digestion via pancreatic and bile juices.

      Jejunum – Ileum are the latter two sections of the small intestine. Functions – further digestion by enzymes.
   5. Large Intestine. The parts are the cecunm, ascending colon, transverse colon, descending colon, sigmoid colon, rectum and the anus. Function – principally water absorption. The rectum stores waste material until it can be excreted by the anus.

C. Disorders – diseases.
   1. Indigestion abdominal – pain – above the navel usually associated with eating. An excess amount of fatty food or coarse vegetables may cause it.

   2. Hyperacidity – "heart burn" is due to reverse digestive action. Gastric juice is forced back into the esophagus and mouth by spasm.

3. **Gastritis** – acute or chronic stomach inflammation. It may be caused by over-eating, eating too fast, eating highly seasoned or spoiled food. The symptoms are headache, nausea, stomach distress. If the irritating substance goes into the bowel, colic and diarrhea may result. The illness usually lasts one day, although the patient will not wish to eat much for a few days.

4. **Peptic ulcer** is an excavation formed in the stomach wall. The symptoms are burning pain usually at the base of the front rib separation of the chest and vomiting. This disease tends to recur in the Spring and Fall seasons and after hurried eating, irregular meals, excessive smoking or after emotional stress.

Certain medications predispose to peptic ulcer including aspirin and butozolodin. Susceptible patients who must take these drugs, are taught to do so under a special schedule which includes milk and crackers periodically.

Discussion and Demonstration Guide

1. Research. Student's reports on stomach conditions.
2. Certain symptoms are noted in a patient's phone call to office – what do they indicate to the trainee?

References

Brunner, L.s., Emerson, E.P., Ferguson, L. Kraeer, and Suddorth, D.S., *Medical Surgical Nursing*, J.B. Lippincott.

Schwarzrock, S.P., and Ward, D.W., *Medical Assisting*, W.C. Brown Publisher.

Hours Required: 10

Objectives

To familiarize with the anatomy and function of these systems and the commoner conditions caused by disorders of these systems, which may be encountered in medical assistant work.

Suggested Instructional Procedure

Lecture, discussion, chalk board, charts

Unit Outline

A. Female reproductive system. This consists of the following:

1. The **ovaries** are 1½ inch almond-shaped glands located one on either side of the uterus. They produce ova (the female egg) and secrete estrogen essential for the growth and functioning of all female organs.

2. The **fallopean tubes** are 4½ inches long. The ova travels down the tube from the ovary to the uterus. If fertilized it remains in the uterus and matures for 9 months. If not, it is cast off as a menstrual period.

3. The **uterus** (womb) is a hollow strong muscular organ the size and shape of a pear.
4. The **vagina** is a 3½ inch long tube lying between the urethra and the rectum.
5. The **external genitals** are the labia majora, mons veneris and labia majora all heavy skin folds which protect the vagina.
6. The **breasts** – consist of mammary glands and secrete milk for the nourishment of the newborn.

B. Conditions and diseases of the female reproductive organs.

1. **Pregnancy** – which must be considered in a separate context.
2. **Ovarian cysts and tumors** – treatment, surgical removal.
3. **Dilatation and curettage** (stretching and scraping) of the uterus – done to control bleeding or as a safety measure after an abortion when the womb has not been entirely emptied.
4. Other conditions which the trainee should be aware of include cervicitis – inflammation of the cervix, endometriosis, etc.
5. Birth control terms, the student should be aware of the loop, condom, I.U.D. (intrauterine device) the diaphragm, etc.
6. **Menopause** – *its* problems.

C. The male reproductive system.

1. **Testes** – a pair of gonads which are suspended between the upper thighs in a sac – the scrotum. The function of the testes is reproduction, formation of spermatozoa and secretion of testosterone or male hormone.
2. **The duct system** – three ducts which serve as passageways for the sperm from testes to the urethra.
3. **Seminal vesicle.** This functions as a reservoir for the secretion of the testes.
4. **Penis** – the organ of copulation and of urination.
5. **Prostate gland** – the size of a chestnut. This gland produces a secretion that is chemically suitable to the needs of the sperm in their passage from the genital glands.

D. Conditions and diseases of the male reproductive system.

1. **Gonnorrhea** occurs as a result of gonococcus through sexual exposure. The patient complains of painful purulent discharge from the penis. The diagnosis is made by laboratory examination of the discharge. Early treatment with pencillin prevents complication and clears the condition up. In some general practitioners office this may be encountered often at this time.

2. **Penile ulcer** (sore on the penis) are of several types. They are considered syphyletic until it is proven otherwise. Some may be cleared up with local medication, other types may require longer systemic treatment.

3. Other conditions with which the medical system may come in contact with are:

   Vasectomy – tieing off of the vas deferens – a birth control measure.

   Undescended testis – the testis do not descend into the scrotum sac as is normal.

   Urchitis, Epididymitis – tumors of the testicle, etc.

Discussion and Demonstration Guide

Have students present reports on problems of systems outlined – utilizing resources at a proper learning plateau. Example. Today's Health, Trends in the birth control picture.

References

Chaffee, E.C., and Greisheimer, E.M., *Basic Physiology and Anatomy*, 1969.

Brunner, L.S., Emerson, C.P., Ferguson, L.K., and Suddorth, D.S., *Medical Surgical Nursing*, 1970.

Teaching Aid

Filmloop, *Human Reproduction and Birth – Menstrual Cycle*, Ealing Films, 1969.

Hours Required: 5

Objective

To familiarize the trainee with the anatomy and function of these systems and the commoner conditions caused by disorders of these systems, which may be encountered in the medical assistant work.

Instructional Procddure

Lecture, discussion, charts

Unit Outline

A. Organs involved.

1. **Two kidneys.** Each kidney has a funnel shaped reservoir which collects urine from all parts of kidney and empties it into the ureters.
2. **Two ureters** – tubes which connect the kidney to the bladder.
3. The **urinary bladder** holds the urine until released.
4. The **urethre** – the tube through which the urine is transported to the outside of the body. The meatus is the external opening of the urethra.

B. Disorders or diseases.

1. **Kidney failure** – inability of the kidney to excrete urine – may be caused by injury, burns, infections (as septic abortion) shock, drug or chemical poisoning. The patient appears ill and has nausea, vomiting, drowsiness, headache. The treatment is to remove the cause of kidney failure, rest and maintain the patient on a proper balance of fluid intake until the kidney heals.

2. **Bright's disease** – nephritis. Inflammed, damaged kidneys most frequently caused by a recent streptococcus type of infection. It affects the young most frequently and the symptoms are chills, headache, pains in back, swelling of the face and feet. The urine is scanty and bloody. The treatment simply stated is to decrease the rate of obstruction withing the kidney, rest the kidney and improve kidney function.

3. **Kidney stones** (calculi) – are formed in the urinary tract and may be found anywhere from the kidney to the bladder. They may vary in size from "gravel" to a bladder stone the size of an orange. Infection, immobility and dehydration are predisposing factors. The symptoms are blood in the urine, a dull ache in the loin varying to very acute pain. With acute pain comes nausea, vomiting and a very tender area over the loin. This is know as renal colic. The treatment is pain relief frequently by morphine, and removal, or passage of the stone by operation or cystoscope.

Discussion and Demonstration Guide

1. Research. Trace the progress of renal calculus (kidney stone) from formation to removal or expulsion.

2. Research. Present a case history of a septic abortion or drug poisoning causing kidney failure.

References

Brunner, L.S., Emerson, E.P., Ferguson, L. Kraeer, and Suddorth, D.S., *Medical Surgical Nursing*, J.B. Lippincott.

Schwarzrock, S.P., and Ward, D.W., *Medical Assisting*, W. C. Brown Publisher.

Teaching Aids

Film strip, *Your Kidneys – Living Filters*, film strip of month 1505.

Second Semester

MEDICAL TECHNICIAN

Periods Required: 15

Objectives

To initiate the student into basic laboratory procedures with emphasis on safety, convenience and economy. To familiarize the trainee with laboratory vocabulary, and laboratory calculations.

Suggested Instructional Procedure

Lecture, demonstration, practice with supervision, evaluation. Read Chapter I in text – assignments for each of three weeks.

Unit Outline

A. Chemicals

1. Characteristics. They are flammable, poisonous, explosive. They are expensive – avoid waste.
2. Convenience of work area – it should be located near a source of water and heat. "Lab" note book should be in a clean dry area.

B. Safety

1. Note the location of the fire extinguisher and first aid equipment.
2. Wear laboratory protective apron. Sleeves should be pulled up or sleeve protectors worn.
3. Experiments should be done at arm's length and goggles worn when indicated.
4. Liquid wastes should be emptied into the sink and the sink flushed well.
5. All solids go into the waste container – glass, paper, match sticks.
6. Spills must be cleaned up immediately.
7. Bunsen Burner procedure. Strike match. Turn burner on. Light it.

C. Routine procedures

1. Funnel. To make a funnel – fold circular paper into halves then into quarters. Open one fold to form a cone.
2. Cutting glass tubing. Place glass tubing on bench. Scratch with a triangular file. Hold the tube at opposite ends of scratch. Bend outward. File rough end or smooth off over the Bunsen Burner.
3. Inserting glass tube into stopper. Lubricate both tube and hole with soapy water or glycerine. Twist it gently back and forth into the hole.

4. Transferring solids. Use creased piece of paper to transfer solids from a bottle to a test tube or flask. Bring paper to the mouth of bottle and slide the solid in.
5. Pipette. A pipette is used to deliver a definite volume of liquid. To fill it, place the jet end into the liquid and withdraw air from the upper portion. Fill slightly above desired amount and place finger over the upper end, then allow excess liquid to run out.
6. Litmus paper. To test with litmus apply a drop of liquid to the paper with a clean glass rod. Dipping paper into the liquid contaminates the the liquid.
7. Heating test tube. A test tube may be heated directly in a small flame.
8. Clean up. Leave your working area clean and dry.

Discussion Guide and Demonstration

Importance of adhering to correct procedures in the interest of efficiency and in avoiding accidents. Knowledge of correct equipment usages expedites experiments.

References

Filmstrip, 15 minutes, *Chemical Series Set 3 Laboratory Technology*, 19102, McGraw Hill Book Company.

Teaching Aids

Laboratory equipment

Linne, Ringsrud, *Basic Laboratory Techniques*.

Filmstrip, 15 minutes, *Chemical Series Set 3 Laboratory Technology 19102*, McGraw Hill Book Company.

Filmstrip, 3 minutes, *Chemical Techniques: Folding Filter Paper*, National Naval Medical Center, Bethesda, Maryland 20014.

Vocabulary Laboratory Technology (to be referred to throughout the laboratory technology units). See Appendix Five.

Periods Required: 15

Objectives

To assist the student to learn the fundamentals of urinalysis—the type of testing done, the supplies necessary, etc.

Suggested Instructional Procedure

Lecture, discussion, demonstration of equipment necessary in testing. Reading assignment Chapter 4 – Urinalysis

Unit Outline

A. Urinalysis defined. Urinalysis is the test most commonly performed in the laboratory. Although the tests are comparatively simple to perform they are very important and should be performed carefully and attentively. (Briefly it may be defined as the chemical or microscopic analysis of the uring.)

B. Typical routine urinalysis – tests included. A typical routine urinalysis may include testing, or classification as follows:

Color – description. Straw, dark amber, etc.

Transparency. Clear, cloudy, etc.

Odor. Foam. Aromatic, sweet. White small amount.

Specific gravity. A determination of the amount of dissolved substances.

pH – reaction. Acid or alkaline and the degree of either.

Sugar. Trace – 1 + etc.

Protein. Trace – 1 + etc.

Microscopic examination of the sediment.

C. Urin – **Specimen Collection.** Urine may be defined as a fluid composed of the waste materials of the blood. It is formed in the nephron (working unit) of the kidney, transferred by the ureters to the bladder then to the uretha from which it is expelled.

Any random specimen passed during the day maybe used for a routine urinalysis, however the *first specimen passed in the morning* is the most concentrated and the *preferred specimen.* When testing primarily for sugar, the best specimen to use is one voided two, to three hours after the meal.

Containers most suitable for collecting the specimen are glass or plastic jars. They must be clean and dry.

D. Preserving the specimen. If possible the testing should be done one-half hour after the specimen is collected. If six to eight hours is to elapse before testing, the specimen should be refrigerated.

E. Equipment necessary for testing.

pH Combix dipsticks

or

Nitrozine paper

Specific gravity. The urinometer and urinometer cylinder

Sugar. Clinitest tablets

Test tube

Water

Protein – albumin. Allbustix dipstick test

or

Albutest tablet test

or

Heat and acetic acid test

To be used where centrifuge is available

Test tube

Bunsen Burner or boiling water bath

Salt and acetic acid re-agent

F. Testing – routine

pH, the urinometer – follow nine steps, pages 207-208, as taught by instructor.

Sugar-testing methods outlined pages 211-216. Teacher will instruct on the tests he/she prefers

Protein (albumin) pages 220-223, as taught by instructor etc.

G. Normal values – urinalysis. Text, Chapter 4.

Discussion Guide and Demonstration

The extreme importance of accuracy as relates to diagnosis, and the patient's welfare.

Review of the microscope – its' parts and how to use it competently. Test with unlabelled drawing.

References

References

Linne, J.Jorgenson and Ringsrud, K.Munson, *Basic Laboratory Techniques for the Medical Laboratory Technician.*

Bredow, Miriam and Cooper, Marion G., *The Medical Assistant.*

Teaching Aids

Filmstrip, 15 minutes, *Introduction to Microtome Technique*, National Naval Medical Center, Bethesda, Maryland 20014

Microscopes

Urinometer and urinometer cylinder

Combistix dipsticks

Clinitest tablets

Albustix dipstick

See Appendix Seven

URINALYSIS – SIGNIFICANCE OF THE ABNORMAL — Unit XXXVIII

Periods Required: 15

Objectives

To instill into the student an appreciation of the importance of test results as they relate to disease. Microscopic examination.

Suggested Instructional Procedure

Lecture, discussion, reading assignments in text Chapter 2 and Chapter 6, practice with supervision, evaluation.

Unit Outline

A. Significance of the abnormal in urinalysis.

1. Urine. A pale color may indicate frequent urination, diabetes mellitus or diabetes insipidus. If the specific gravity is also high diabetes mellitus is suspected.
2. Dark yellor or brown-red color indicated concentrated urine frequently associated with fever, in which case water is eliminated through perspiration rather than urine.
3. Yellow-brown or beer-brown suggests the presence of bilirubin, a bile pigment related to the clinical condition of jaundice.
4. There are six other urine colors which may be classified as abnormal. In such situations the doctor or laboratory director request more specific testing to either confirm or rule out the importance of the abnormalities. See test page 195. Cloudy urine may be caused by bacteris, white blood cells, red blood cells or fat. The microscopic analysis will pin point the cause.
5. Foul odor in a *fresh* specimen indicates urinary infection and presence of bacteria.
6. Foam. When stopped and shaken urine will foam generously a vivid yellow color when bilirubin is present.
7. pH. Alkalinity of freshly voided specimen may indicate a urinary tract infection. Persistently acid urine may be seen in metabolic disorders, especially diabetic acidosis.
8. Specific Gravity. A high specific gravity may indicate diabetes mellitus; a low specific gravity – certain types of nephritis.
9. Sugar. Glucose (a type of sugar) is found in the urine in cases of diabetes mellitus but it could also indicate the presence of conditions other than diabetes. Test which show positive reactions should be retested with one of the quantitatine tests to give an estimate of the amount of sugar present.

10. **Protein.** When protein is found in urine renal disease must be suspected. Additional quantitaine tests are usually requested by the physician to determine the amount of protein excreted per day.

B. Testing – Microscopic. Six steps as outlined on pages 258-259 text, *Laboratory Techniques.*

Discussion Guide and Demonstration

The importance of being able to use the microscope competently.

An understanding of the theory, and procedures in routine laboratory tests is essential in obtaining accurate results.

References

Linne, J.J., and Ringsrud, K.M., *Basic Laboratory Techniques.*

Teaching Aids

Laboratory equipment
Microscopic
Urinometer
Types of testing paper
Teaching slides – cells and bacteria
C.F. Crans Co.,
Laboratory report forms.

LABORATORY PROCEDURES: COAGULATION BLOOD TYPING – RH Unit XXXIX

Periods Required: 15

Objectives

To develop in the trainee a strong practical knowledge of laboratory procedure. The importance of care in performing these tests so that exact precise results are obtained.

Suggested Instructional Procedure

Lecture, discussion, demonstration, supervised practice, evaluation.

Unit Outline

A. **Duke coagulation test.**

1. Cleansing of earlobe (infant, heel) with 70% alcohol.
2. A stab wound 3 mm deep into the part with a laucet.
3. Timing starts when bleeding begins. Patient must be kept quiet during the entire test.
4. Drops of blood are removed every 10-20 seconds without touching the wound.
5. The time that bleeding ceases is reported to the nearest 30 seconds.
6. Normal values are 1-6 minutes

B. **Blood typing** using the ABO blood group system

This system divides the blood into four groups, A, B, AB, and O. It is based on the presence of two factors, A or B antigen. If A factor (or antigen) is present on the red cell the person belongs to group A. Group B people have B antigen on their red cells. AB have both A and B antigen. Group O people have neither. See laboratory procedure on page 273 in *Laboratory Techniques* text.

CYRH Factor.

CYRH Factor. The RH system is much more complex than the ABO blood group system.

Whereas the ABO system has both natural and irregular bodies, the Rh system has only irregular bodies. Two different types of commercial Rh antiserum are available. Techniques employed will vary according to the type of antiserum used. See laboratory procedure, page 284-287 in *Laboratory Techniques* text.

Discussion Guide

History of research and discovery as relates to the Rh factor.

Reference

Linne, J.J. and Ringsrud, K.M., *Basic Laboratory Techniques*, Bredow, M., Cooper, M.

The Medical Assistant.

Teaching Aids

Laboratory equipment. Have laboratory technician from community hospital speak. Visit a blood bank. See Appendix Seven.

Filmstrip, 7 minutes, 1954, *Sterological Technique: Venipuncture*, National Naval Medical Center.

Filmstrip, 42 minutes, 1964, *The Cross-Matching of Blood*, National Naval Medical Center, Bethesda, Maryland 20014.

Filmstrip, 20 minutes, 1962, *Automation In Clinical Chemistry, How It Works*, National Naval Medical Center, Bethesda, Maryland 20014.

Filmstrip, 35 minutes, 1962, *Assembly and Operation of Equipment*, National Naval Medical Center, Bethesda, Maryland 20014.

Hours Required: 15

Objectives

To teach the student the techniques, procedures of performing and recording the basic laboratory procedures noted.

Suggested Instructional Procedure

Lecture, discussion, demonstration, practice with supervision, evaluation

Unit Outline

A. Hemoglobin

1. Equipment
   Sahli pipette – U.S.Bureau of Standards – check for accuracy
   Photometer – standardized
   Drabkin's reagent

2. Procedure. Eight steps as outlined, pages 173-174 in text.

3. Precautions. The pipettes must be calibrated before they are used. They must be clean and free from breaks or scratches.

   The photometer must be in good working condition and have its own calibration table.

   Drabkin's reagent must be prepared fresh each month and must be stored in a brown bottle to prevent deterioration.

B. Blood glucose (also known as dextrose)

1. Equipment

   Protein – free filtrate
   Alkaline solution
   Copper reagent
   Arsenomolybdic acid
   Boiling water bath
   Photometer

2. Procedure. As outlined on pages 91-93 in text.

3. Precautions. The major causes of inaccurate results are pipetting errors in preparing filtrates, in pipetting the standards, controls and filtrates or in preparing the reagents.

Adequate mixing of the contents of the tube is essential.

Correct use of the photometer is important.

Standards must be in good conditions.

Timing must be accurate

The results are reported to the physician only when the control values are carefully checked out.

C. Erythrocyte sedimentation rate

1. Equipment

Westergren tube – really an open-ended pipette.

Westergren sedimentation rack. A special rack which has spring attached rubber stoppers that close the open ends of the pipette in a vertical position.

2. Procedure

a. Five milliliters of venous blood is drawn and placed in a tube with Sequestrene.

b. Mix blood by repeated inversions 3-5 minutes.

c. A Westergren pipet is filled to the zero mark and vertically placed in Westergren rack.

d. The upper level to which the red cells fall is read in millimeters at intervals of 20 - 40 - 60 minutes.

3. Precautions. Testing in a clean Westergren pipet must be done within two hours after the blood has been drawn to ensure a reliable sedimentation rate.

Temperature and vibrations may also affect the sedimentation rate and these factors should be taken into consideration.

D. Complete blood count.

The C.B.C. depending on the laboratory, usually consists of tests for hemoglobin, the white blood cell count, michrohemotocrit, and examination of a blood film. The blood film checks the reticulocyte count, red cell indices and platelet count.

1. Equipment for blood film.

a. Precleaned glass slides

b. Margin – free spreader slide with ground glass edges.

2. Procedure.

a. Blood droplet onto slide.

b. Exact spreading on slide.

c. Attaining correct measurement of blood film.

d. Drying.

e. Careful labelling

3. Staining the blood film.
   a. Fix the film using Wright Giesma stain.
   b. Add phosphate buffer to complete staining process.
   c. Wash with deionized water.
   d. Place slide in a vertical position to dry.

4. Examination of the blood film.
   a. Microscope at low-power objective.
   b. Selection of best site on slide.
   c. Application of immersion oil on selected site.
   d. Transfer to low-power objective.
   e. Observe red cells for abnormal – estimate count of normal and abnormal.
   f. Estimate differential count of white cells and any morphologic changes.
   g. Record accurately.

E. Microhematocrit determination reveals the size and number of the red cells and is especially used in evaluation and classifying anemias.

Procedure.

1. A free-flowing puncture with a lancet is made in a finger (or the heel of an infant).
2. Two microhematocrit capillary tubes are filled to within 2 cm. of the end.
3. The vacant end of tube is sealed with plasticene.
4. Centrifuge sealed tubes in a microhematocrit centrifuge for 4-5 minutes at 10,000 rpm.
5. Utilize graphic reading device for results.

Discussion Guide and Demonstration

The essential importance of accuracy in all techniques. Their influence on diagnosis. The relationship of each test involved to the patient's total health picture.

References

Linne, J.J., and Ringsrud, K.M., *Basic Laboratory Techniques for the Mecial Laboratory Technician.*

Seinerd, Charles E., *Hematology for Medical Technologists*, fourth edition.

Teaching Aids

Filmstrip, 5 minutes, 1956, Chemical Techniques: *Estimation of Blood Glucose*, National Naval Medical Center, Bethesda, Maryland 20014.

Filmstrip, 10 minutes, 1962 *Making and Staining Coverslips,* National Naval Medical Center, Bethesda, Maryland 20014.

Filmstrip, 12 minutes, 1956, Chemical Techniques: *Estimation of Blood Glucose,* National Naval Medical Center, Bethesda, Maryland 20014

Filmstrip, 7 minutes, *Hematological Technique: Collecting Blood Samples,* National Naval Medical Center, Bethesda, Maryland 20014.

First Semester

DOCTOR'S ASSISTANT

THE DOCTOR'S ASSISTANT

Units XXI – XXV and XLI – XLVI

Objectives

1. To acquaint with the medical assistant role and responsibilities.
2. To instill a recognition of cooperative interpersonal attitudes and behavior.
3. To teach the basics in patient management.
4. To introduce the legal parameters and ethical liabilities of the medical profession.
5. To orient the student in habits of good personal hygiene and health.
6. To acquaint the student with the routines of handling supplies.
7. To teach the student the principles and mechanics of sterilization, temperature, pulse, and respiration.
8. To orient the student to the procedures of hospital admissions.
9. To acquaint the student with community agencies relevant to the needs of the doctor's clinic.

Hours Required: 15

Objectives

1. To interpret the medical assistant role and responsibilities.
2. To acquaint with the functions of the other health team members.
3. To brief on the community agencies in which he/she will serve internship.
4. To familiarize on the rules and regulations which concern the student.

Suggested Instructional Procedure

Lecture, discussion, chalkboard, film, pamphlet, schematic.

Unit Outline

A. Rules and regulations.
   1. Clothing. Regular school clothing until ready for intern assignments. At that time, clothing will conform to the regulations of host agency.
   2. Attendance – importance of regularity.
   3. Grade requirements, withdrawals, dismissals

B. Definition of medical assistant.
   1. Philosophy of the profession
   2. Duties of the medical assistant. Functions of other health team members.
   3. Personal rewards
   4. Financial rewards

C. History of medical assistant discipline
   1. Early developments
   2. Modern trends

D. Community agencies
   1. Community hospital clinic for patient management and clinic procedure.
   2. Community hospital business departments for observation of insurance routines.
   3. Community hospital laboratory for observation of processing of laboratory specimens.
   4. Community doctor's office for observation of patient, laboratory and insurance procedures.

Discussion Guide

1. Why trainee selected this course. Post graduate plans.
2. The duties and responsibilities of each member of the health office team. The chain of command. (See Appendix Four)
3. Reasons for contacts with related community agencies – hospitals, specialists, service organizations.
4. Reasons for dress regulations.
5. Importance of knowledge of insurance forms – dynamics of health plans.

References

Occupational Outlook Handbook, 72-73 Edition, U.S. Department of Labor, Bureau Labor Statistics, Bulletin 1700.

Teaching Aids

Filmstrip, *Medical Assistant*, 331.7, Eye Gate House, Sound, 15 minutes

Pamphlet, *A Career in Medical Assisting*, American Association of Medical Assistants.

Medical assistant as speaker. School alumni if possible.

Periods Required: 15

Objectives

To instill in the student a recognition of the attitudes and behaviour which will enable him/her to work effectively with others. To assist her/him in recognizing the chain of command pattern in single doctor, or medical group situation.

Suggested Instructional Procedure

Lecture, discussion, role playing

Unit Outline

A. Characteristics of good interpersonal relationships.

Simply stated, interpersonal relationships are the manner in which we react to each other. What another person says or does may make us feel angry or indifferent or we may react happily. Your effectiveness as a medical assistant will depend upon your ability to communicate and cooperate with all the people with whom you are in contact – patients, co-workers, etc.

An effective group that operates successfully does so with reasonableness and friendliness. It cooperates and communicates cheerfully.

Attitudes which contribute to this success are as follow:

1. **Emotional maturity.** Emotions are channeled into constructive outlets. Feeling and attitudes, although firm and decisive, are expressed with restraint and courtesy.
2. **Attitudes.** Job duties should be completed promptly and accurately. Willingness to perform unassigned or extra tasks should be demonstrated.
3. **Interdependence among the group.** Each should have confidence in the other as a dependable efficient colleague.
4. **Courtesy and tact.** Intercommunication within the group should be conducted with courtesy and tact.
5. **Respectfulness.** Each person within the group appreciates and respects the feelings, opinions and beliefs of the others without prejudice or bigotry.
6. **Recognizing authority.** Leaders are accepted, and their directives followed graciously. (Please see schematic in Appendix Four.)

B. Pitfalls to avoid. In establishing good relationships be aware of the following pitfalls:

1. **Verbal.** Manner of speaking is important – "Not what you say but how you say it."

2. **Non-verbal.** A gesture, or a facial expression may communicate very significantly.
3. **Language barriers.** Misinterpretation of a communication can be a hazard.
4. **Different educational or ethnic backgrounds.** A problem may arise in this area because of shadings of meaning.

Discussion Guide and Demonstration

The successful coworker – his/her qualities. How the interpersonal relationships of the office team impress the patients. Interdependence and acceptance within the group – racially, ethnically.

Reference

Lawrence, T.G., Schriner, A., Powers, D.F., and Vorhous, L.J., *Your Health and Safety*.

Donovan, J., Belsjo, Edith, and Dillon, D., *The Nurse Aide*.

U.S. Department of Health Education and Welfare, Office of Education, *Nurse Aide*.

Teaching Aids

Films

Bill Cosby on "Predjudice" p. 91, "Count to Ten" p. 93, Pyramid Films, 1971.

Count to Ten, color, sound, 26 minutes, Roundtable Films

Avoiding Communication Breakdown, color, sound, 25 minutes, B.B.A. Films, 1969.

What's the Matter with Alice, color, sound, 25 minutes, R.S. Milbauer, 1972

Filmstrip, *The Theory of Laughter*, Filmstrip of the month 393

Periods Required: 15

Objectives

To learn to create and maintain a pleasant, efficient office atmosphere in which patients are treated with respect, consideration and understanding.

Suggested Instructional Procedure

Lecture, discussion, research, student reports, role playing.

Unit Outline

A. Children in the doctor's office.

1. Age is the most important factor to be considered in planning child control in the office ambience. After six years of age procedures may be explained to a child. For example, "You are going to get a shot which will help to keep you well."

   The two to six age group is the most difficult to control. Have available for them:

   Safe attractive toys
   Bright story books
   Colorful picture books
   Coloring pencils and books
   A small table and chairs

   From twelve years up a child should be examined without the parent being present.

   Safety measures in the doctor's office include:
   Medicines and sharp instruments kept out of reach.
   No dangling cords or open drawers.
   Wipe up any spills immediately.
   Plan the children's play area away from doors and entrances to other rooms.

2. Definitions and basic information

   D.P.T.—diphtheria, pertussis tetanus. This series of preventative shots is started at two to four months of age.

   Small pox vaccination is given at six to twelve months. In the United States many doctors are discontinuing this because of the low incidence of this disease.

Measles shots are given in the nine to twelve month area.

A "booster" shot is a second or third injection of a smaller dose than the original.

B. The senior citizen in the doctor's office

1. His/her disadvantages:
   a. Probably will not hear well
   b. Sight may not be good
   c. Perception and grasp of detail may not be quick
   d. May not move quickly and easily
   e. May have feelings of rejection.
2. Adjustment to his/her disadvantages:
   a. Be sure these older patients are given all of the amenities – a cheerful greeting, pleasantries, a courteous goodbye.
   b. When summoning him/her to the examining room, face him/her and enunciate his/her name clearly. Allow him/her time for movement and positioning.
   c. Take time to clarify anything he/she doesn't understand and write it for him/her if he/she so requests.

Young or old, the ill individual is not at his/her best as a person. In addition to being ill, he/she may have family or financial problems, which his/her illness only compounds. The keynotes to interpersonal relationships with geriatric patients are respect, understanding, cheerfulness.

Discussion Guide and Demonstration

The basic needs of individuals, young and old. How to meet them.
Behavioral changes in illness.
Behavioral changes when our basic needs are not met.

References

U.S. Department of Health Educationaand Welfare, Office of Education, *Nurse Aide*.

Schwarzrock, S.P., and Ward, Ward., *Effective Medical Assisting*, chapter 5, Age area covered 22 months through senescence.

Bredow, Miriam, and Cooper, Marion G., *The Medical Assistant*.

Teaching Aids

"Where Old Age Begins," page 69
American Medical Association, *Winning Ways with Patients*
Most knowledge will be gained empirically
Pamphlets – compliments of the United Telephone Co., *Every Day*.

Periods Required: 15

Objectives

To acquaint the student with the aspects of the law that he/she must be familiar with in daily contacts with patients, their diagnoses, their records, etc.

Suggested Instructional Procedure

Lecture, discussion, student reports.

Unit Outline

A. Law and the health sciences.

Law seems to affect members of the health team more now than ever before. Whether the responsibilities and liabilities are individual or shared, whether they apply to a registered professional or to a non-professional, a student or a technician, the public demands and requires protection.

2. Today our society expects any member of the health service professions and his/her assistants who undertake any aspect of the diagnosis, treatment or care of the sick, diseased, or infirm to satisfy their responsibilities according to expected standards of competence and conscience. In turn, society endows them with respect and a position of public trust. In decisions as well as procedures, courts reflect this public respect by requiring the person who accuses a member of the health service professions of harm arising from neglect or lack of skill to bear the burden of proving this by the greater weight of the evidence. This is an advantage for health personnel.

B. The medical record.

The patient's medical record is a written account of his/her illness and treatment by all members of the health team while he/she is under the care of a doctor in private practice or otherwise. Records must be legible and concise and must employ explicit and standard terminology. Any errors in the record must be corrected and initialed.

C. Privileged communication.

Privileged communication statutes specifically prevent divulgence of information gained during, or as a consequence of a patient's professional treatment. But beyond statutory protection, the patient has a right to privacy that is part of common law heritage.

There are many types of privileged communication, that between lawyer and the client, the clergyman and the penitent, etc.

The particular concern here, is that which exists between physician and patient or between medical assistant (or any other health personnel) and patient. Communications between the patient and a professional must remain a SECRET BETWEEN THEM SO LONG AS SUCH COMMUNICATIONS WERE MADE TO AID TREATMENT OF THE PATIENT, AND FOR AS LONG AS THE PATIENT REQUIRES SECRECY.

D. Pragmatic considerations.

1. Be sure that you keep concise accurate up-to-date records.
2. Regarding privileged communication. Release no records of any kind without the doctor's knowledge and permission.
3. Any diagnosis-information to the patient is given by the doctor whether orally or by telephone. Test results may be given out by the medical assistant with the doctor's approval and acting as his/her "agent."
4. Be sure that the doctor is briefed if:
   a. A patient under 18 years of age visits the doctor's office for treatment without parent or guardian. An exception to this in certain states is veneral disease treatment.
   b. A patient who does not appear to be in full possession of his/her faculties reports for treatment.

E. Terms commonly used

"Medical Practice Act" – which deals with licensing. This varies from one state to another.

"Principles of Medical Ethics." Rules of conduct [illegible]he medical profession has adapted for itself.

"Medical Etiquette" this may be defined as rules of conduct which govern the relationships between doctors.

"Malpractice." A situation wherein the doctor through negligence fails to perform his/her legal duties to the patient and injury results.

Discussion Guide.

Reasons for licensing doctors. Relicensing from state to state.

Commoner malpractice suits.

Measures to prevent malpractice suits.

Teaching Aids.

Community lawyer as lecture resource.

References

Willig, Sidney H., A.B., B.S.PH., J.D., *The Nurses Guide to the Law.*

Bredow, Miriam, and Cooper, Marian G., *The Medical Assistant.*

Conferences with community doctors

PERSONAL HEALTH AND HYGIENE — Unit XXV

Hours Required: 15

Objectives

To condition the student to think positively regarding good job attencance and performance through the media of health and hygiene.

Suggested Instructional Procedure

Lecture, discussion, demonstration, film.

Unit Outline

A. Personal hygiene is an integral part of an attractive healthful appearance. It is not possible to project a wholesome, pleasant, environment without good personal hygiene.

1. Care of skin – frequent bathing – use of deodorants. Nails short, clean and not pointed. Hair clean, orderly, controlled, yet attractive.
2. Proper handwashing techniques – when to be done routinely, when of special importance.

B. Health problems.

1. Colds. Prevention – care. When not to work.
2. Preservation of a good standard of health.

C. Factors influencing health.

1. Heredity.
2. Environment.
   Diet – well balanced.
   Sleep – adequate.
   Life style – exercise, fresh air relaxation.
3. Preventative health measures – good dental care – immunizations
4. Hygiene – especially in the areas of odor prevention – mouth, underarm.

Discussion and Demonstration Guide

Discussion on planning routines for good personal hygiene.

Discussion on handwashing – demonstration, practice. The particular situations when handwashing is especially important.

Discussion of components of well-balanced non-fattening diet.

Discussion on positive effect good hygiene can have on health.

Discussion on good posture – whether standing, sitting, walking. The effect on appearance, proper breathing etc.

References

Donovan, J., Belsjoe, E., and Dillon, D., *The Nurse Aide.*

Teaching Aids

Film, *Handwashing In Patient Care,* Sound, 15 minutes, Color.

Slides, *Nutrition and Stress,* 13 color slides and 12 syllabus, 1970.

Filmstrip, *Escape the Cold Wave,* Black and white, sound, 35 min.

Second Semester

DOCTOR'S ASSISTANT

Periods Required: 15

Objectives

To teach the student to realize the importance of effective supply control, supplier selection, ordering, classification, storage.

Suggested Instructional Procedure

Lecture, discussion, practice.

Unit Outline

A. One person in an office should be delegated to be in charge of supplies. This is usually the medical assistant. The type of medical supplies needed depends upon the type of practice the doctor has. Business supplies depend upon the type of bookkeeping and medical records system the doctor prefers.

Supplies are classified as:

1. Expendable if they cost less than $50 and have a life of less than three years.
2. Non-expendable if they cost $50 or more and have a useful life of more than three years.
3. Professional supplies – materials used in the practice of medicine.
4. Business supplies which keep the medical office operating as a business.

B. Suppliers are selected on a basis of reliable products, fair prices, dependability of delivery and frequently also on the basis of a convenient location. Larger suppliers often give discounts as high as 12% and this is sometimes a consideration in selecting one.

C. Ordering. Please note: Below will be found a format for ordering and the type of supplies appropriate for a general practitioner's office.

SUPPLIES

Quantity	Description	Total Price Estimated
5 rolls	Cotton	$20.00
25 rolls	Bandages, 3-inch	12.50
6 rolls	Adhesive tape, 3-inch	6.00
1	Bandage scissor	4.00
1 box, 1,000	Tongue blades	6.00
3 pks., 100	Applicators	3.00
three 16-oz. bottles	Alcohol 70%	3.75
4 tubes	Ointment – Boric acid	2.00

Quantity	Description	Total Price Estimated
12	Thermometers – mouth	$18.00
6 pairs	Rubber gloves	18.00
6	Gowns	18.00
12 boxes, 20	Gauze sponges 3X3	12.00
10	Facial tissues	10.00
12	Paper towels	12.00

D. Delivery. Upon receiving supplies, check them against the invoice which accompanies them, to see that all items charged for have been received. The supplier should be advised immediately of any discrepancy or of any damaged goods. A receipt should be received for damaged goods returned, and the invoice should be filed under "Current Invoices."

E. Storage. Drugs and prescription blanks are stored in locked areas. Some types of medication must be refrigerated. Rotate items so that the oldest supplies are used first. Certain materials age and are less effective after a time. Xray film is stored in a lead lined box. Xray developer and fixer must be stored in a cool dry place.

Discussion Guide and Demonstration

For discussion purposes assign students to research the following topics:
Frequently stocked types of medication which must be refrigerated.
The use of disposable equipment. Good or poor economics?

References

Schwarzrock and Ward, *Effective Medical Assisting.*

U.S. Department of Health, Education and Welfare, Office of Education, *Nurse Aide.*

Teaching Aids

Supply control card.

SAMPLE SUPPLY CONTROL CARD

Purchase Date	Amount	Supplier	Price	Used	Date Used
1/10/74	4 X 4 Dressings 12 boxes	Johnson & Johnson	$5 per box	4 boxes	3/15/74

Type the data noted above on a 5 X 8 card. Tack the card on the inside of the closet door where this stock is kept. This is a quick easy method of checking the amount of supplies on hand.

Periods Required: 15

Objectives

To teach the fundamentals of asepsis and of sterilization methods that are used to prevent cross infection. To demonstrate the application of these principles to responsibilities in the doctor's office.

Suggested Instructional Procedure

Lecture, discussion, demonstration, practice.

Unit Outline

A. Basic definitions

1. Cross-infection is a condition wherein one person contracts a disease from another; for example, from an improperly sterilized instrument. Microorganisms are either animal or plant life. They are divided into the following classes:

   Bacteria
   Protozoa
   Fungi
   Rickettsiae
   Viruses

   Some are *pathogenic* (disease-causing) some are not.

2. Bateria are a large group of one-celled vegetable organisms. They in turn are divided into four groups:

   Cocci
   Bacilli
   Spirilla
   Vibrios

   Some of this bacteria group cannot live without oxygen – they are aerobic.

   Those which can live without oxygen are anerobic.

   Parasites which live on hosts are the pathogenic types of bacteria.

   Spore form of bacteria is a way of hibernation.

   Gram stain is a technique for identifying bacteria.

3. Prolozoa are the simplest form of one-celled animal life. Malaria causing organisms are protoza.

4. Fungi are a low form of plant life and are divided into four classes.

5. Rickettsiae are smaller than bacteria and are found in ticks, lice, and fleas. They are the cause of Rocky Mountain Spotted Fever.

B. Methods of sterilization

To destroy the pathogenic bacteria varied types of sterilization are used. The method of sterilization is selected for two reasons: the effectiveness of the method and how well the article is to be sterilized withstands the agent, (whether it be heat, chemical or other).

Methods of sterilization include:

1. Steam under pressure – the autoclave sterilizer. Dressings and some instruments are processed in this manner.
2. Dry heat – prolonged. The dry heat sterilizer. This is used for materials which cannot be exposed to steam. It is especially good for scissors and other cutting instruments.
3. Gas and chemical sterilization – gas sterilizer using ethylene oxide gas. This system is used for items that are heat and moisture sensitive; for example, rubber or plastic.
   Note. The actual preparing of items for sterilization will have to be demonstrated.

Regardless of the type of sterilization used, two factors are very important – *temperature accuracy* and *timing accuracy*.

Disinfection. Objects used in the office which do not penetrate the skin or mucosa may be satisfactorily disinfected. Otoscope ear tips and stethescope plastic pieces may be disinfected by applying 70% opropyl alcohol.

C. Terms commonly used.

Sterile – free from all microorganisms and possible spores.

Clean – the absences of disease-causing organisms.

Contaminated – containing harmful bacteria.

Infection – the multiplication and growth of microorganisms and accompanying waste creation.

D. Disposables. Supplies (used once and discarded) are a tremendous help in eliminating the threat of cross infection in the doctor's office. Towels, gowns, gloves, single dosage units, hypodermic and needle kits are all used.

Regardless of the methods used to achieve asepsis in the doctor's office, the medical assistant must be constantly on guard against any procedures which are below standard practice and do not permit her/him to achieve her/his first responsibility – the protection from infection of the patient, the doctor and him/herself.

Discussion Guide and Demonstration

Demonstrate the preparation and sterilizing of articles in four different ways – boiling, dry heat, autoclave and cold sterilization.

Demonstrate the handling of disposable articles.

Give a test on fundamental terms aseptic, antiseptic, sterile and septic.

References

Schwartz, S.P., and Ward, D., *Effective Medical Assisting.*

Donovan, J., Belsjoe, E., and Dillon, D., *The Nurse Aide.*

Teaching Aids

Sample disposable items, sterilizing equipment

Film loop, *Sterilization Techniques,* Ealing 1967.

Periods Required: 15

Objectives

To learn the principles of the taking and recording of temperature, pulse and respiration. To develop accuracy in this procedure.

Suggested Instruction Procedure.

Lecture, discussion, demonstration, and practice.

Unit Outline.

A. Temperature. Body temperature as registered on a clinical thermometer indicates the balance being maintained as the result of heat production by the oxidation of food and heat loss by perspiration, respiration and excretion.

1. Oral by mouth. This is the usual method used in the doctor's office or clinic. It will therefore be covered in more detail than the other methods.

   Taking oral temperature. Do not use this method on patients who have difficulty in breathing, or who have had hot food or drink within the last ten minutes.

   Basic steps.

   a. The mercury bulb of a clinical mouth thermometer is placed under the tongue.

   b. The patient closes his/her lips firmly over the stem of the thermometer and breathes through his/her nose. The teeth do not touch the thermometer.

   c. The thermometer is left in place for three minutes – timed by a watch with a sweep second hand.

   d. Remove the thermometer and enter the reading clearly written on the patient's record. Normal oral temperature is 98.6°.

2. Rectal is considered the most accurate. Doctors perfer this method used on very ill patients and young children. It registers approximately one degree higher than the oral.

3. Axillary taken under the arm is the lease accurate method and registers one degree lower than oral.

B. Pulse. Each time the heart beats, blood is pumped into the arteries. They expand in a regular rhythmic pattern. The number of expansions per minute is known as the "pulse rate." The frequency and regularity of the pulse beat are the best indicators of how well the circulatory system is functioning. The usual areas for taking pulse are:

1. Radial pulse taken at the radial artery in the wrist. It is the site most commonly used.

   Procedure for taking radial pulse.

   a. Position. Patient should be sitting or reclining comfortably. The arm should be well supported and immobile. The palm of the hand should face upward.

   b. Place the tips of three or four fingers (not the thumb) lightly over the radial artery.

   c. Count the pulsations for 30 seconds and multiply by two, or the pulsations for one full minute.

   d. Enter the pulse rate on the patient's record.

2. Temporal – just in front of the ear.

3. Carotid – on the side of the neck.

4. Mandibular – lower jaw bone, and Femoral – in the groin, are also pulse sites. Note regularity, strength, weakness.

5. Normal pulse rates

Age	Pulse – beats per minute
Infancy	130-140
First year	115-130
Second year	100-115
Third year	90-100
Fourth – Eighth year	86-90
Eighth – Fifteenth year	80-86
Adulthood	72-80
Old Age	60-70

6. Factors influencing pulse rate.

   a. Diseases, infections, and glandular disturbances.

   b. Blood pressure. Low blood pressure increases the pulse rate; high blood pressure decreases it.

   c. Emotion. Mental or emotional distrubances raises the pulse rate.

   d. Exercise. Muscular exercise quickens the pulse rate.

   e. Position. The pulse taken in a standing position may exceed that taken sitting down by ten beats.

C. Respiration. The process of inhaling air into the lungs and exhaling carbon dioxide is known as "respiration."

1. Patient cooperation is of primary importance for correct count.

2. Normal respiration rates.

Age	Respiration Rate
First year	26-30
Second year	20-26
Adolescence	20-22
Adulthood	16-20
Middle Age	18
Old Age	14-16

D. Factors affecting the respiration rate.

1. Chest conditions. Congestive diseases such as bronchitis, pneumonia.
2. Shock, fever, pain may all raise the respiration rate as the need for oxygen increases.
3. Emotion. Anger, fear or excitement may quicken the breathing rate.
4. Exercise. The body requires more oxygen; the breathing rate increases to meet the demand.
5. Medication. Morphine or anesthetic may decrease respiration. Caffeine may stimulate it.
6. Technique of counting respiration.
    a. Position. At rest and comfortable.
    b. It is best if the patient is not aware that you are counting his/her respiration. Pretend you are continuing the pulse count, when you are actually counting his/her respirations. Observe the patient's chest and count for one minute – the number of times it rises and falls.

Discussion and Demonstration Guide.

1. Reasons for taking temperature orally, rectally and by axilla.
2. Safety measures for the protection of the patien..
3. Demonstration and practice in taking temperature, pulse and respiration.
4. Recording on different types of forms.
5. Alternate respiration technique.

References.

Donovan J., Belsjoe, E., and Dillon, D., *The Nurses Aide.*

Bredow, Miriam, and Cooper, Marion G., *The Medical Assistant.*

Brunner, L.S., Emerson, C.P., Ferguson, L.K., and Suddorth, D.S., *Textbook of Medical and Surgical Nursing.*

Teaching Aids.

Filmstrip, *Temperature, Pulse, and Respiration*, 14 minutes, 1943.

Films

Vital Signs, Part II, Sound, 20 minutes, Black and White, U.S. Department of the Navy.

Care and Use of the Clinical Thermometer, Sound, 17 minutes, Black and White, American National Red Cross.

Periods Required: 15

Objectives

To enable the student to assist the doctor capably and to guide and prepare the patient tactfully.

Suggested Instructional Procedure

Lecture, discussion, demonstration, practice.

Unit Outline

A. The purpose of the physical examination.
   1. To affirm that the patient is in good health.
   2. To discover any condition that is, or may develop into a health problem.

B. Preparation of patient.
   1. Physically – appropriate garment, gown. Suitable positioning.
   2. Psychologically – reassurance. Brief on what the examination includes.

C. Positions. (See Appendix Eight)
   1. Prone – flat on table on abdomen.
   2. Dorsal recumbent – flat on back, knees flexed.
   3. Sims. See illustrations.
   4. Knee-chest. See illustrations.
   5. Lithotomy. See illustrations, having B.P. on end of table

D. Assisting in physical examination.
   1. Aiding physician – supplying his/her needs.
   2. Aiding patient – placing in proper positions.

E. Equipment for the examination. The following equipment should be assembled on a small table at side of bed:
   1. Sheet
   2. Flashlight
   3. Tongue blade
   4. Kidney basin
   5. Ophthalmoscope and otoscope
   6. Blood-pressure machine and stethoscope
   7. Percussion hammer
   8. Rectal gloves and lubricant
   9. Vaginal speculum and lubricant (if requested)

F. Techniques of examination.

1. Observation and inspection. The general appearance of the patient. Observable abnormalities.
2. Palpation. Feeling parts of the body for swelling, hardness, enlargement etc. Example, glands.
3. Auscultation. Listening with or without a stethescope. Example, heart and lungs.
4. Percussion – tapping. A finger of the left hand is firmly placed over a part to be examined. The doctor taps that finger with the fingertips of his/her right hand. The varying sounds provide a clue to a condition which may exist.
5. Manipulation. If a part resists normal motion, or the patient experiences pain, this symptom aids the doctor in arriving at his/her diagnosis.
6. Reflex testing. A reflex hammer or percussion hammer is used to tap the elbow or the area below the knee bone. The responsive movement of the lower leg or arm indicates the nervous response of that area.
7. Procedure. The medical assistant aids the doctor during the examination in two specific ways. He/She supplies the doctor with equipment, and keeps the patient suitably draped at each step. The usual sequence of eximination is:

   head
   eyes – ophthalmoscope
   ear – otoscope
   neck
   mouth – tongue blade
   chest
   lungs and heart – stetheoscope
   abdomen
   extremities – percussion hammer
   vaginal speculum if requested
   rectal speculum if requested

Discussion Guide – Demonstration

Demonstration of instruments used in physical examination.

Demonstration in practice and positioning of patient for physical examination.

Demonstration and practice in draping patient.

Discussion of needs of patient during physical examination.

References

Donovan, j., Belsjoe, E., and Dillion, D., *The Nurses Aide.*

U.S.Department of Health, Education and Welfare, Office of Education, *Nurse Aide.*

Teaching Aids

Instruments used in physical examination.

Booklet, American Medical Association, *Winning Ways with Patients.*

Hours Required: 15

Objectives

To familiarize with the procedures of hospital admissions.

Suggested Instructional Procedure

Lecture, discussion, class room practice.

Unit Outline

A. Information to be relayed to the hospital.
   1. Identify the name of the person speaking and the name of the doctor's office calling.
   2. Patient's name to be admitted.
   3. Patient's age.
   4. Admitting diagnosis.
   5. Severity of illness.
   6. Accommodation doctor recommends.
      a. Intensive care
      b. Isolation
   7. Accommodation desired
      a. Private
      b. Semi-private
   8. Hospitalization coverage

B. The admissions officer will request:
   1. The name and phone number of the nearest relative of the patient.
   2. The church affiliation of the patient.

C. The admissions officer will advise the medical assistant as to what type of accommodation is or will be available and when.

Discussion and Demonstration Guide

Teacher assigns students different types of patients and diagnoses for practice admissions.

References

Newton Hospital Admissions Office, Newton, N.J.

Hours Required: 10

Objectives

To enable the student to be aware of community agencies and associations to know the services offered and which her/his doctor or clinic will be likely to take advantage of. To develop rapport with agency staffs.

Suggested Instructional Procedure

Lecture, research, reports, visits, appropriate to the type of services indicated in the particular community.

Unit Outline

A. Agencies

Family Counseling Agency types of services – fee or nonfee – who is eligible – appointments.

T.B. and Health Association information as outlined above.

Bureau Child Services as above.

County Department of Social and Health Services, public health nursing as above.

Homemaker Services as above.

Mental Health Center as above.

State Rehabilitation Commission

Progress on Wheels. Services for elderly

B. Associations

1. Heart Association – types of services – eligibility – fee or nonfee – appointments.
2. Cancer Society – information as above.
3. Crippled Children Camp Association as above.
4. Medic Alert Foundation as above.
5. National Kidney Foundation as above.
6. American Red Cross as above
7. Veterans Administration Hospital as above.

Discussion and Demonstration Guide.

Discussion regarding which agencies and associations may be called upon most frequently in this type of community.

Selection of speakers to address class and agencies to be toured, made by class.

Discussion regarding feasibility of class authoring a resource booklet.

Discussion regarding referral procedures once made by the doctor – the medical assistant's role.

References

Author's empirical knowledge and resources.

Teaching Aids

Student's observations on visits to agencies.

Agency speakers in classroom.

Appendix One

QUESTIONNAIRE ON PROPOSED COURSE OF STUDY FOR MEDICAL ASSISTANT

The following questions deal with the training content of the course. Do you agree or disagree that they should be included.

1. **Urinalysis**

   Microscopic
   Cells
   Casts
   Bacteria

   Routine

   Color
   Appearance
   Reaction
   Spec. Gravity
   Albumin
   Sugar
   Acetone
   Bile

   YES ☐ NO ☐

   OR

   Routine urine only

   Stick
   Albumin
   Sugar
   Acetone

2. **Blood**

   Hemoglobin
   Blood Sugar

   Microscopic
   RBC
   WBC
   CBC
   Differential

   YES ☐ NO ☐

   OR

   Hemoglobin only

   YES ☐ NO ☐

Clerical Duties

Receptionist
Telephone
Appointments
Billing
Insurance Forms
Filing

YES ☐ NO ☐

o3

Duties regarding patient

Rapport, relaxing and reassuring
Preparing for examination
Positioning on table
Draping

YES ☐ NO ☐

Proposed Internships

Hospital Laboratory – 1 week
Hospital Billing Department – 1 week
Clinic – 1 week
Doctor Office – 1 week

Would you consider having one of these students spend a week in your office observing office procedures.

YES ☐ NO ☐

Would you consider hiring?

Salary?

REMARKS:

Please return in enclosed stamped envelope. Thank you.

Appendix Two

GENERAL MEDICAL TERMS

aberrant
abnormal
abnormality
abrasion
abscess
absorbent
ache
acne
acoustic
acute
adenitis
adhere
ad nauseam
adolescence
ailment
albinism
alimentary
allergy
alopecia
ambulant
amnesia
analgesic
anaphylacitc
anatomy
anemia
anesthesia
annular
aneurysm
anomaly
anozia
ante cibum–before meals
anterior
antibiotic
antibody
anticoagulant
antidepressant
antidote
antigen
antihistamine
antipyretic
antiseptic
antitoxin
aphasia
apical
apnea
aqueous
arrhythmia
arterial
arteriscl erosis
artery
arthritis
asphyxia
asthma
asymmetry
ataxia
atelectasis
attenuate
atypical
auscultation
autogenous
autopsy
axilla
bacteria
basilar
bilious
belching
bilateral
biology
blister
BP – blood pressure
bradycardia
bronchitis
buccal
bulbar
bursa
buttock
cachexia
cadaver
caduceus
calcification
calorie
capillary
capsule
cadiovascular
cartilage
catharis
caudal
acutery
cellulitis
cephalic
channel
chemotherapy
chronic
circumscribed
cleft
clinical
clysis
coccyx
coherent
colic
coma
comatose
complaint
compress
conscious
constipated
consultant
contagious

contamination
contraction
contindication
contusion
convalescent
convulsion
coroner
corpus
coryza
crepitus
crisis
curettage
cutaneous
cyanosis
cyst
debilitate
debridement
deciduous
decubitus
defecation
deformity
degeneration
dehydration
delirious
deltoid
demarcation
demise
demulcent
dermatitis
desiccate
diagnosis
diagnostician
dialysis
diaphoresis
diaphragm
diarrhea
diathermy
digestive
digital
dilatation
disease
disinfect
distention
diuretic
diverticulum
dyscrasia
dysentery
dyspepsia
dyspnea
ecchymosis
eclampsia
ectopic
eczema
edema
effervescent
electrocautery
emaciated
embolism
embryo
emesis
encapsulated
endemic
endocrine
engorged
epidemic
epigastric
epistaxis
epithelium
equilibrium
erythema
euphoria
euthnasia
evacuation
evisceration
excise
excoriation
expiration
expire
exudate
febrile
feces
fenestrated
fibrillation
fibroma
flaccid
fluorscope
follicle
fontanelle
foramen
fulminate
gaglion
gangrene
genetic
genitalia
gonorrhea
hemangioma
hematoma
hemiplegia
hepatitis
hiatus
hirsute
hyaline
hydrotherapy
hyperventilation
hypodermic
hypodermoclysis
hypothermia
idiopathic
IM – intramuscularly
immune
immunity
immunization
imperforate
impermeable
incipient
incontinence
incubation

incurable
indigenous
induces
induration
infarct
infection
infectious
infestation
infirm
infirmity
inflammation
ingestion
inhalation
inoculation
insenescence
interstitial
intestine
intramuscular
intravenous
intubate
ischemia
isolation
isolette
keloid
kelogram
labile
laceration
lateral
lavage
lesion
maceration
malaise
malformation
malignancy
malpractice
manipulation
marsupialization
mastication
matrix
maxillary
meatus
medication
melanoma
membrane
methabolic
metabolism
metastasis
metastasize
mg – milligram
mh – marital history
medical history
microbiology
microgram
milligram
milliliter
millimeter
mongolism
mongoloid
monitor
moribund
morpholgy
mortality
motility
mucosa
mucus
mummification
mutilation
myalgia
myoma
myositis
myxedema
nausea
necrosis
neoplasm
nerve
neurasthenia
nocturnal
nodule
noxioua
NPO – nothing by mouth (nulla per os)
NTP – normal temperature and pressure
obesity
obsolescence
occipital
orifice
orthopnea
orthostatic
P&A – percussion & auscultation
palliative
palpation
palpitation
paralysis
parenchymal
paroxysm
pathological
pathology
percussion
peristeum
peripheral
pernicious
per os – by mouth
perspiration
petechia
pharmacist
physician
physiological
pica
placebo
plantar
postmortem
preponderance
perscription
preventive
prognosis

pronation
prosthesis
prostration
proximal
pruritus
psychic
psychogenic
psychosomatic
ptosis
puberty
purulent
pustule
pyogenic
pyrexia
qualitative
quantitative
quarantine
radiotherapy
radioactivity
radiology
recidivation
recumbent
regimen
regurgitation
rehabilitation
remission
residual
respiration
resuscitation
retching
retention
retroversion
roentgen
rubefacient
rubella
rupture
sac
sacroiliac
saliva
sanguineous
sarcoma
scalpel
sciatica
sclerosis
sebaceous
seborrhea
seizure
semicomatose
semile
sepsis
septic
serosanguineous
shock
sibling
sinus
stenosis
sterile
stenosis
stimulant
stoma
striated
stricture
subacute
subcutaneous
suppurative
susceptible
symphysis
syncope
syndrome
tachycardia
tampon
temperature
tertiary
therapy
thoracic
thyroid
tinnitus
toxemia
trachea
tranquilizer
transfusion
trauma
ulcerate
ultrasonic
umbilicus
uremia
URI – upper respiratory infection
urticaria
uvula
vaccinate
vaccine
vascular
ventral
vertigo
vesicle
viable
viral
virus
viscera
vitamin
volar
vomit
vomitus
wheal
zoster

Appendix Two

GENERAL SURGICAL TERMS

abdomen
abscess
acupuncture
adenectomy
adenoma
adhesion
adipose
Alexander's incision
alimentary
Alm's retractor
amputation
annal
anesthesiologist
anesthesiology
anesthetic
anesthetist
aneurysm
anorectal
anoscope
anosigmoidoscopy
antrum
appendectomy
ascites
asepsis
aspirate
atresia
atrophy
ballottement
Benedit's gastroscope
bifurcation
biliary
biopsy
bowel
cannula
carbuncle
carcinoma
carcinoma
catheter
catheterize
cauterization
cecal
cholecystectomy
cholecystitis
cholesystectomy
ciatrix
clamp
claudication
coagulate
cobalt
colitis
collodion
colon
colostomy
contracture
convolution
corpus
cortex
cryocautery
crypt
cul-de-sac
curetted
curvature
cutaneous
cuticle
cyst
cystectomy
cystic
cystocele
debride
desiccate
diaphragm
diastasis
dissection
disseminated
diverticulitis
diverticulosis
duodenal
duodenectomy
dysfunction
dysplasia
ecchymosis
electrocoagulation
electrodesiccation
electrosurgery
endoscopy
engorgement
enteritis
epigastric
epiglottis
Ethicon suture
evisceration
excision
excoriation
extrusion
exudate
fascial
fecal
femoral
fenestra
fibrin
fibrosis
fimbria
fissure
fistula
flexure
follicular
forceps
fossa

fragmentation
fulguration
fulminate
fundus
furuncle
gallstone
gangrene
gastritis
gastrocoele
gastrogavage
gastroscope
gastrostomy
gelfoam
glossitis
goiter
gynecomastia
hallux
hemantemesis
hemoptysis
hemorrhage
hemorrhoid
hemorrhoidectomy
hemostat
hepatic
hernia
herniated
hiatal
hydrocele
hyperthyroidism
hypertrophy
hypnosis
hypogastric
hypotensive
I&D – incision and drainage
iliac
ileum
impaction
implant
incised
incision
indurated
infarction
infiltration
inguinal
inhalation
inoperable
intercostal
intestinal
intranasal
intraspinal
intravenous
intubation
inversion
keratosis
laparotomy
laser
ligament
lobe
lysis
malignant
mamary
mastectomy
mediastinum
membrane
mesentery
myomectomy
narcosis
neurectomy
node
occlusion
pancreas
papilla
papilloma
paracentesis
parathyroid
paravertebral
parotid
pectoral
peptic
perforation
perianal
periodontal
peristalsis
peritoneal
peritonitis
phlebitis
phlebotomy
phrenic
pilonidal
plexus
polyp
pons
portal
probe
proctectomy
proctitis
proctology
proctoscope
proctoscopy
prolapse
proliferation
properitoneal
protrusion
pruritus
pubic
puncture
purulent
pylorus
rectal
rectum
retractor
retrocecal
retrograde
retroversion
RR – recovery room
scrotal
scrotum

septum
sigmoid
sigmoidoscope
silicone
speculum
sphincter
spinal
spleen
stasis
sternal
sternum
stomach
submammary
supernumerary
technique
tendon
testicle
thymus
topical
torsion
tourniquet
trecheotomy
tumor
ulcer
ulceration
umbilical
vagus
varicocele
varicose
varicosity
vasectomy
venipuncture
vermiform
verruca
wart
xiphoid

Appendix Three

The following forms are commonly used in doctor's offices. Instructors may wish to contact local doctor's offices for the most current forms.

(Common) Form for All-Commercial Insurance Companies

GROUP HOSPITAL INSURANCE FORM

TO BE PRESENTED TO HOSPITAL IN DUPLICATE

HAP-4(69)

Spaced for Typewriter — Marks for Tabulator Appear on this Line

TO _____ HOSPITAL. THIS CERTIFIES THAT _____ IS INSURED FOR THE FOLLOWING GROUP HOSPITAL BENEFITS (IN BEHALF OF HIS DEPENDENT _____ (Name) _____ (Relationship)) BY

_____ (Name of Insurer)

TO BE COMPLETED BY POLICYHOLDER

BENEFITS FOR OTHER THAN MATERNITY CASES

A. HOSPITAL ROOM AND BOARD (INCLUDING GENERAL NURSING SERVICES) — ACTUAL HOSPITAL CHARGES UP TO $_____ FOR EACH DAY OF HOSPITALIZATION UP TO _____ DAYS.

B. OTHER HOSPITAL CHARGES FOR HOSPITAL CARE AND TREATMENT (EXCLUDING CHARGES FOR NURSES' AND PHYSICIANS' SERVICES AND TAKE-HOME DRUGS) — $_____.

BENEFITS FOR MATERNITY CASES

HOSPITAL ROOM AND BOARD (INCLUDING GENERAL NURSING SERVICES AND OTHER HOSPITAL SERVICES)—ACTUAL CHARGES UP TO $_____

OR

1. HOSPITAL ROOM AND BOARD (INCLUDING GENERAL NURSING SERVICES) — $_____ FOR EACH DAY OF HOSPITALIZATION UP TO _____ DAYS.
2. OTHER HOSPITAL CHARGES FOR HOSPITAL CARE AND TREATMENT (EXCLUDING CHARGES FOR NURSES' AND PHYSICIANS' SERVICES AND TAKE-HOME DRUGS) — $_____

INSURANCE PLAN PROVIDES FOR COORDINATION OF BENEFITS YES ☐ NO ☐

THE MINIMUM HOUR HOSPITALIZATION REQUIREMENT WILL BE MET IF

GROUP POLICYHOLDER	ADDRESS	PHONE

BY (NAME AND TITLE)	ABOVE CERTIFICATION VALID FOR ONLY SEVEN DAYS FROM THIS DATE (Exception — Maternity Cases)	DATE

HOSPITAL COMPLETE AND FURNISH COPY TO: (NAME AND ADDRESS)

I HEREBY AUTHORIZE PAYMENT directly to the below named hospital of the group hospital insurance benefits herein specified and otherwise payable to me but not to exceed the balance due of the hospital's regular charges for this period of hospitalization. I understand I am financially responsible to the hospital for charges not covered by this authorization.

▶ SIGNED (INSURED PERSON)

DATE

I HEREBY AUTHORIZE RELEASE OF INFORMATION, requested on this form, by the below named hospital.

▶ SIGNED (PATIENT, OR PARENT IF MINOR)

DATE

NAME OF PATIENT	AGE	DATE ADMITTED	TIME ADMITTED AM PM	DATE DISCHARGED	TIME DISCHARGED AM PM

DIAGNOSIS FROM RECORDS (IF INJURY, GIVE DATE AND PLACE OF ACCIDENT)

IS CONDITION DUE TO INJURY OR SICKNESS ARISING OUT OF PATIENT'S EMPLOYMENT? Yes ☐ No ☐

OPERATIONS OR OBSTETRICAL PROCEDURES PERFORMED (NATURE AND DATE)

OTHER HOSPITAL COVERAGE: Yes ☐ No ☐ (IF "YES" NAME OF CARRIER)

IF PATIENT HAD OTHER THAN SEMI-PRIVATE ROOM, INDICATE MOST COMMON SEMI-PRIVATE DAILY RATE $_____

TO BE COMPLETED BY HOSPITAL

HOSPITAL CHARGES: (COMPLETE THIS SECTION OR ATTACH COPY OF BILL WITH A DETAILED BREAKDOWN OF CHARGES)

ROOM AND BOARD	Ward _____ Days at $_____ Total	$
	Semi-Private _____ Days at $_____ Total	
	Private _____ Days at $_____ Total	
	Intensive Care Unit _____ Days at $_____ Total	
	Extended Care Facility _____ Days at $_____ Total	
OTHER CHARGES	Operating or Delivery Room	
	Anesthesia	
	X-Ray	
	Laboratory	
	EKG BMR	
	Physical Therapy	
	Medical and Surgical Supplies	
	Pharmacy (Except Take-Home Drugs)	
	Inhalation Therapy	
	Intravenous Solutions	
	TOTAL	$

TOTAL CHARGES $_____

PAYMENT CREDITS—PATIENT $_____

PAYMENT CREDITS—OTHER CARRIER (S) $_____

BALANCE DUE $_____

THIS FORM APPROVED BY THE HEALTH INSURANCE COUNCIL AND ACCEPTED FOR USE BY HOSPITALS BY THE AMERICAN HOSPITAL ASSOCIATION.

HOSPITAL

ADDRESS

TAKEN FROM RECORDS ON: 19	SIGNED BY

Form 273 — Briggs Printing Co., Des Moines, Iowa

Standard Forms for All Commercial Insurance Companies

INDIVIDUAL HOSPITAL INSURANCE FORM

Spaced for Typewriter — Marks for Tabulator Appear on this Line

HOSPITAL COMPLETE FOLLOWING AND FURNISH COPY TO	TO	ADDRESS
NAME OF POLICYHOLDER	POLICY NUMBER(S)	
ADDRESS—STREET AND NUMBER	CITY	STATE / PHONE
NAME OF PATIENT (IF OTHER THAN POLICYHOLDER)		AGE
DATE ADMITTED	TIME ADMITTED AM PM	DATE DISCHARGED / TIME DISCHARGED AM PM

OTHER INSURANCE INDICATED BY HOSPITAL RECORDS. IF YES NAME OF COMPANY.

☐ NO ☐ YES

COMPLAINT

DATE OF FIRST SYMPTOMS

DIAGNOSIS FROM RECORDS (If Injury, Give Date and Place of Accident)

OPERATIONS OR OBSTETRICAL PROCEDURES PERFORMED (Nature and Date)

HOSPITAL CHARGES (Complete This Section or Attach Copy of Itemized Bill Showing Information Below)

ROOM AND BOARD	☐ WARD	DAYS AT $	TOTAL	$
	☐ SEMI-PRIVATE	DAYS AT $	TOTAL	$
	☐ PRIVATE	DAYS AT $	TOTAL	$
	☐ OTHERS			$
OTHER CHARGES	OPERATING OR DELIVERY ROOM			
	ANESTHESIA			
	X-RAY			
	LABORATORY			
	EKG BMR			
	PHYSICAL THERAPY			
	AMBULANCE			
	MEDICAL AND SURGICAL SUPPLIES			
	PHARMACY (Except Take Home Drugs)			
	INHALATION THERAPY			
	INTRAVENOUS SOLUTIONS			
	TOTAL			$

TOTAL CHARGES $

$

$

$

THIS FORM APPROVED BY THE HEALTH INSURANCE COUNCIL AND ACCEPTED BY THE AMERICAN HOSPITAL ASSOCIATION FOR USE BY HOSPITALS.

IHF-1 (1961)

HOSPITAL

ADDRESS

SIGNED BY

TAKEN FROM RECORDS ON

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize the above named hospital to release information requested on this form.

Date....., 19..... Signed.....
Patient (Parent if a Minor)

AUTHORIZATION TO PAY INSURANCE BENEFITS: I hereby authorize payment directly to the above named hospital of the Hospital Benefits otherwise payable to me but not to exceed the hospital's regular charges for this period of hospitalization. I understand I am financially responsible to the hospital for charges not covered by this authorization.

Date....., 19..... Signed.....
(Policyholder)

Form 272 Briggs Printing, Des Moines 11, Iowa

INPATIENT HOSPITAL AND EXTENDED CARE ADMISSION AND BILLING

HOSPITAL AND MEDICAL INSURANCE BENEFITS—SOCIAL SECURITY ACT

Form Approved Budget Bureau No. 72-R0734

NOTICE: Anyone who misrepresents or falsifies essential information requested by this form may upon conviction be subject to fine and imprisonment under Federal law.

1. Patient's last name	First name	MI	2. Sex ☐M ☐F	3. Health insurance claim number

4. Patient's address (Street number, City, State, ZIP Code)	5. Date of birth	6. Medical record number

7. Date of this admission	8. Provider name and address (City and State)	9. Provider number	10. Attending physician

11. Dates of qualifying stay FROM / THRU	12. Qualifying and other prior stay information

If you have other health insurance or if your State Medical Assistance Agency will pay part of your medical expenses and you want information about this claim released to them upon their request, complete items 13 and 14.

13. Insuring organization or State agency name and address	14. Policy or medical assistance no.

15. Patient's Certification, Authorization to Release Information, and Payment Request. I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related medicare claim. I request that payment of authorized benefits be made on my behalf.

☐ Contained in provider's record	Signature (Patient or authorized representative) (Signature by mark must be witnessed)	Date

16. Admitting diagnoses (If employment related, also give name and address of employer)	Do not use this space	17. Discharge or current diagnoses (a) Primary (b) Secondary	Do not use this space
18. Surgical procedures (Show date of each)			

19. STATEMENT OF SERVICES RENDERED				Total Charges		Non-covered Chg's.	
Blood pints furnished A.	Pints replaced	Not replaced	Charge per pint				
Accommodation		Days	Rate				
B. 1-Bed							
C. 2-3-4 Bed							
D. 5 or more Beds							
FOR HOSPITAL ONLY E. Intensive care							
F. Self care							
G. PIP total							
H. Operating room							
I. Anesthesia							
J. Outpatient services							
K. Blood administration							
L. Pharmacy							
M. Radiology							
N. Laboratory							
O. Medical, surgical and central supplies							
P. Physical therapy							
Q. Occupational therapy							
R. Speech therapy							
S. Inhalation therapy							
T. Other (Describe)							
U. TOTALS							
V. Inpatient deductible							
W. Blood deductible pts. ●							
X. Coinsurance days ( ) ( )							
Y. TOTAL DEDUCTIONS							

20. Statement covers period FROM	THRU

21. Date guarantee of payment began	22. Date UR notice received

23. Date active care ended	24. Date benefits exhausted

25. Patient status

A. Date discharged	B. Date of death	C. ☐ Still patient

26. Lifetime reserve days used	27. Non-covered days	28. Covered days

30. Remarks: PIP per diem amount $

29. I certify that the required physician's certification and recertifications are on file.

Signature of provider representative — Date received

31. Reimbursement amount $

FOR INTERMEDIARY USE

32. Verified non-covered stays From / Thru	33. Non-pmt. code	34. Days used

35. Approved by — Date approved

FORM SSA-1453 (6) (1-70)

1 of 7

Department of Health, Education, and Welfare
Social Security Administration

STATE OF NEW JERSEY
Department of Institutions and Agencies,
Division of Medical Assistance and Health Services

Medicaid

INPATIENT HOSPITAL CLAIM

1. Patient's Last Name / First Name	2. Case Last Name / First Name	3. Sex ☐ Male ☐ Female	4. Birthdate Mo. / Day / Yr.

5. Admission Date Mo. / Day / Yr.	6. Claim From-Date Mo. / Day / Yr.	7. Claim Thru-Date Mo. / Day / Yr.	8. Days	9. Leave Days	10. Attending Physician's Name (Please Print) Last / First / M.I.	11. Medical Record No.

12. Health Services Program Case No.	13. Patient Person No.	14. Provider Name and Address	15. Provider Number

16. Patient's Address	Telephone Number

17. PATIENT'S CERTIFICATION, Authorization to Release Information, and Payment Request. I certify that the service(s) covered by this claim has been received, and I request that payment for these services be made on my behalf. I authorize any holder of medical or other information about me to release to the Division of Medical Assistance and Health Services or its authorized Agents any information needed for this or a related claim.

☐ Contained in provider's record

Signature (Patient or authorized representative) Date

18. STATEMENT OF CHARGES

ACCOMMODATION	DAYS	RATE	COVERED CHARGES	NON-COVERED CHARGES
1 Bed				
2, 3, 4 Bed				
Ward				
Coronary/Intensive Care				
Self Care				

SUBTOTAL ACCOM. CHARGES	05			
NURSERY DAYS	06			
OPERATING ROOM	07			
DELIVERY ROOM	08			
PHYSICAL THERAPY	10			
SPEECH THERAPY	11			
OCCUPATIONAL THERAPY	12			
RADIATION THERAPY	13			
INHALATION/OXYGEN THERAPY	14			
LABORATORY	15			
X-RAYS	16			
EKG'S	17			
EEG'S	18			
ADMIN. OF ANESTHESIA	19			
ADMIN. OF BLOOD	20			
BLOOD	21			
PHARMACY	22			
SUPPLIES-Medical/Surgical	23			
AMBULANCE (Hospital Owned)	24			
OTHER (Describe)	26			
	27			
	28			
TOTAL	98			

19. OTHER COVERAGE - REMAINING CHARGES

MEDICARE - DEDUCTIBLE	29			
MEDICARE - Co-Insurance	30			
MEDICARE - OTHER	31			
OTHER (Describe)	32			
TOTAL	99			

20. Patient Status
☐ Still Patient ☐ Deceased
☐ Discharged ☐ TRANSFER TO OTHER INPATIENT FACILITY

21. Discharge Date Mo. / Day / Year

22. Admitting Diagnosis

23. Discharge or current diagnoses
Primary
Secondary

24. Surgical Procedures (Show date of each)
Primary
Secondary

25. Claim related to employment?_____. If yes, give name of employer.

26. Other insurance or liability coverage
Name Policy Number

27. PROVIDER CERTIFICATION: "I certify that the foregoing information is true, accurate and complete; and I agree to keep such records as are necessary to disclose fully the extent of services provided, and to furnish information for such services as the State agency may request; and that the services covered by this claim and the amount charged therefore are in accordance with the regulations of the New Jersey Health Services Program; and that no part of the net amount payable under this claim has been paid; and that payment of such amount will be accepted as payment in full without additional charge to the patient or to others on his behalf. I also certify that the services have been furnished in full compliance with the non-discrimination requirements of Title VI of the Federal Civil Rights Act. I understand that fraud or concealment will be punishable under applicable Federal or State law, or both."

Provider Representative Signature Date Sent

REMARKS:

DO NOT USE AREA BELOW

28. ACCOMMODATION CODE (1 PRIVATE 2 SEMI-PVT 3 WARD 4 NURSERY 5 COMBINATION 6 SPECIAL CARE 7 NURSERY 8 SELF CARE 9 INTEN. CARE)	29. PRIMARY DIAGNOSIS	SECONDARY DIAGNOSIS	PRIMARY SURG. PROCEDURE	SECONDARY SURG. PROCEDURE	30. ADJUDICATOR CODE	1. DECLINE CODE

32. ELAPSED DAYS TO SURGERY	33. OTHER COVERAGE CODE 0- NONE 1 - MEDICARE A 2 - MEDICARE B 3 - OTHER INSURANCE 4 - LIABILITY 5 - OTHER	34. PATIENT STATUS 1 - STILL PATIENT 2 - DISCHARGED 3 - DECEASED 4 - TRANSFER TO OTHER INPATIENT FACILITY	35. PAYMENT	36. PROCESS CODE	37. TRAN. CODE

MC-1Ac2 (10-72)

CONTRACTOR'S COPY

In-Patient

1. PATIENT'S NAME — LAST — FIRST

CLAIM NUMBER (FOR PLAN USE)

2. IDENTIFICATION NO. - (10 DIGITS) — COPY IN 9-3-4 ORDER FROM IDENTIFICATION CARD (IF NOT AVAILABLE SUPPLY ITEM 10)

3. HOSPITAL NAME AND ADDRESS — CODE #

NEWTON MEMORIAL HOSPITAL 042
175 HIGH STREET NME
NEWTON, N.J. 07860

4. ADMISSION DATE — MO. DAY YR.

5. PATIENT'S BIRTHDATE — MO. DAY YR.

6. PATIENT'S RELATIONSHIP TO SUBSCRIBER
1. MALE SUBSCRIBER
2. FEMALE SUBSCRIBER
3. MALE SPOUSE
4. FEMALE SPOUSE
5. SON, UNDER 19 YEARS
6. DAUGHTER, UNDER 19 YEARS
7. SON, 19 YEARS AND OVER
8. DAUGHTER, 19 YEARS AND OVER

7. PATIENT'S EMPLOYER (IF ANY)
NAME
STREET ADDRESS
CITY AND STATE

8. SUBSCRIBER'S (LAST) (FIRST)
NAME
STREET ADDRESS
CITY AND STATE

9. ATTENDING PHYSICIAN
NAME
STREET ADDRESS
CITY AND STATE

PLAN USE ONLY

10. SUBSCRIBER'S BIRTHDATE (COMPLETE IF ITEM 2 IS NOT SUPPLIED) — MO. DAY YR.

11. SUBSCRIBER'S GROUP NO. (7 DIGITS) — COPY FROM IDENTIFICATION CARD

12. ADMITTING DIAGNOSIS — DIAG. CODE

13. IF ENROLLED IN ANOTHER BLUE CROSS PLAN:
PLAN NAME OR CODE #
HEADQUARTERS CITY
CERTIFICATE NUMBER

STATEMENT OF SERVICES RENDERED

14. [ ] 3. PRIVATE 4. SEMI-PRIVATE 5. COMBINATION 6. WARD 7. NURSERY

ITEMIZED STATEMENT OF CHARGES

ACCOMMODATIONS	RM. #	DAYS	RATE	COLUMN 1 TOTAL CHARGES	COLUMN 2 PAYABLE BY PATIENT
15. ONE BED IN ROOM					
16. SEMI-PRIVATE, TWO OR MORE BEDS IN ROOM					
17. INTENSIVE CARE AND/OR SPECIAL CARE UNIT					
18. WARD OR EQUIVALENT					
19. NURSERY					
20. AVERAGE SEMI-PRIVATE ROOM RATE IN SAME AREA OF SERVICE IN THIS HOSPITAL					
21. IF ON FLAT RATE, ENTER CHARGES HERE					
22. DELIVERY ROOM OPERATING ROOM					
23. LABORATORY					
24. X-RAYS					
25. E. K. G. 'S					
26. E. E. G.					
27. OXYGEN TENT AND EQUIPMENT					
28. DRUGS AND MEDICATIONS					
29. ADMINISTRATION OF ANESTHESIA (BY HOSPITAL EMPLOYEE)					
30. ADMINISTRATION OF BLOOD AND/OR PLASMA					
31. BLOOD AND/OR PLASMA (PAYABLE BY PATIENT)					
32. OTHER (ITEMIZE)					
				33. TOTAL CHARGES	34. TOTAL CHARGES PAYABLE BY PATIENT

40. DISCHARGE DIAGNOSIS

41. DIAGNOSIS CODE

42. DATE DISCHARGED — MO. DAY YR.

43. NOT DISCHARGED [ ]

44. PATIENT DIED [ ]

45. FIRST DAY OF MEDICAL TREATMENT — MO. DAY YR.

46. DATE(S) OF SURGERY — MO. DAY YR.

47. SURGICAL PROCEDURE(S)

48. STATEMENT COVERS PERIOD FROM: — MO. DAY YR. TO: — MO. DAY YR.

49. NUMBER OF MIDNIGHTS

50. FOR HOSPITAL USE: (REMARKS)

35. CHARGES COVERED BY PLAN (ITEM 33 LESS ITEM 34)

36. FEE SCHEDULE ITEMS

PROCEDURE CODE	PLAN CODE	NUMBER OF TREATMENTS	PLAN PAYMENT
	7		

37. CHARGES

38. TOTAL CHARGES COVERED BY PLAN (ITEM 33 LESS ITEM 34)

TOTAL CHARGES (ITEM 33 PLUS ITEM 37) 38. ➡

51. I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF RELATIVE TO THE PATIENT NAMED HEREON, THAT THE DATE OF ADMISSION (ITEM 4) AND THE DATE OF DISCHARGE (ITEM 42) OR IF NOT DISCHARGED THE DATES OF THE PERIOD COVERED (ITEM 48) AS STATED HEREON ARE TRUE AND CORRECT AND THE CHARGES FOR SERVICES TO THE PATIENT ARE NOT IN EXCESS OF CHARGES FOR SIMILAR SERVICES TO THE GENERAL PUBLIC.

SUBMITTED BY

DATE

FOR PLAN USE ONLY

52. DEDUCTIBLE AMOUNT — COLLECTION ALLOWANCE

53. ELAPSED DAYS — TO DATE OF SURGERY

54. PATIENT'S STATUS

55. CASE COUNT
1-FULL DAYS C. C.
2-PART DAYS C. C.
3-FULL DAYS N. C.
4-PART DAYS N. C.

56. PLAN PAYMENT

57. BILL NUMBER — UPPER BOX "X" EQUALS FINAL BILL

58. PAY CODE
0-PAY HOSPITAL
1-REINSURE
2-INDEMNITY
4-PAYMENT INDICATED

59. CC TRANCO
4 760
5
5

HOSPITAL SERVICE PLAN OF NEW JERSEY

60. APPROVED BY — DATE

1564 4-72

MAIL TO HOSPITAL SERVICE PLAN OF NEW JERSEY, P.O. BOX 25, NEWARK, N. J. 07101

Hospital Form Including Emergency

FEDERAL EMPLOYEES SERVICE REPORT FOR MAIN CLAIM

PLAN CODE—780

[redacted]

1. PATIENT'S LAST NAME (Please Print) First Middle Initial

2. PATIENT'S BIRTHDATE Month Day Year Age in Years

3. FEDERAL EMPLOYEE'S IDENTIFICATION NO. (Copy From Identification Card)

4. FEDERAL EMPLOYEE'S LAST NAME (Please Print) First Middle Initial

5. ENROLLMENT CODE (Copy from Identification Card)

R

7. FEDERAL EMPLOYEE'S ADDRESS Street City State Zip Code

8. PATIENT'S RELATIONSHIP TO FEDERAL EMPLOYEE (Check Appropriate Box)

Self or Spouse		Child Under 22		Child, 22 and Over	
1	2	5	6	7	8
Male	Female	Male	Female	Male	Female

9. DOES PATIENT HAVE OTHER HEALTH INSURANCE OR HEALTH PLAN COVERAGE? ☐ YES ☐ NO IF YES, IDENTIFY

CARRIER _____ CERT. NO. _____

10. SUBSCRIBER'S PHONE NUMBER

15. FEDERAL EMPLOYEE'S CERTIFICATION: I certify that the statements above are correct.

Federal Employee Sign Here _____ Date _____

14. IS CONDITION IN ANY WAY RELATED TO PATIENT'S JOB? ☐ YES ☐ NO

[redacted]

16. DOES PATIENT HAVE OTHER HEALTH INSURANCE OR HEALTH PLAN COVERAGE? ☐ YES ☐ NO IF YES, IDENTIFY IF KNOWN

CARRIER _____ CERTIFICATE NUMBER _____

17. ☐ HOSPITAL (1) Bed-Patient ☐ HOSPITAL (2) Registered Out-Patient ☐ DOCTOR'S OFFICE (3) ☐ OTHER (4) Specify

18. IF SERVICE WAS FOR ACCIDENTAL INJURY, GIVE DATE OF INJURY

19. IS CONDITION IN ANY WAY RELATED TO PATIENT'S EMPLOYMENT? ☐ YES ☐ NO

20. ADMISSION DATE Mo. Day Yr.

21. DISCHARGE DATE Mo. Day Yr.

22. NAME OF HOSPITAL City State

23. DIAGNOSIS

28. SERVICES RENDERED—DESCRIBE FULLY SERVICES PERSONALLY RENDERED (including significant dates): (See reverse for intensive medical care cases)

ITEMIZE CHARGES FOR MULTIPLE SERVICES

33. DATE OF SURGICAL OR OBSTETRICAL SERVICE

Charges: $

29. DATE LAST MENSTRUAL PERIOD

31. WAS ALL PRENATAL CARE RENDERED BY YOU? ☐ YES ☐ NO

(ADDITIONAL SPACE ON REVERSE)

34. CHARGES FOR MEDICAL TREATMENT $

32. REPORT OF MEDICAL SERVICES (Make each date treatment was rendered, utilizing Medical Care Coding Shown Below.)

Month 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

35. TOTAL CHARGES FOR REPORTED SERVICES $

MEDICAL CARE CODING:
R = Initial Visit, Routine; M = Initial Visit, Multi-System;
I = Initial Visit, Intensive; X = Subsequent Day, Routine;
Y = Subsequent Day, Intensive

[redacted] ☐ None

NAME				NAME		
CHECK TYPE OF SERVICE	*Med. Care 1	*Surg. or Obst. 2	Consult 3	*Med. Care 1	*Surg. or Obst. 2	Consult 3

*See "Item 36—Instructions" on reverse side

37. TAXPAYER IDENTIFYING NUMBER—Required by Federal Law—if not included form will be returned.

38. IF SUBSCRIBER HAS PAID YOU, GIVE AMOUNT $

39.

PHYSICIAN'S NAME, ADDRESS AND PROFESSIONAL DEGREE (PLEASE PRINT)

40. PHYSICIAN'S STATEMENT: I certify that all statements in Part II hereof are true and constitute all the services as set forth in items 28 through 32 which I personally rendered, and that the charges shown above represent my usual charges.

Signature and Professional Degree of Physician _____ DATE _____

[redacted]

41. ITEM	42. ACC.	43. C. C.	44. CHARGE	45. T/S	DIOP	46. D/U/T	47. PAYMENT
44A. TOTAL CHARGES →				48. TOTAL PAYMENT →			

49. APPROVED BY # INITIALS	50. LETTER # _____ TO: DR EMP	TYPIST'S INITIALS & DATE
51. DATE	CC:	
52. DECLINED BY	REMARKS:	
53. DEC/LIAB		

55. TRANCO	56. TRANCO	58. TRANCO	59. TYPE PAYMENT	61. COB (CODES 0-9)
810			◯ 1. ASSIGN 6. REIMB	R

9700 (3-71)

PHYSICIAN SHOULD MAIL TO P. O. BOX 127, NEWARK, N. J. 07101

FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM

Office Visit Form

"NEW JERSEY'S BLUE SHIELD PLAN"

FEDERAL EMPLOYEES
SERVICE REPORT FOR OUT-OF-HOSPITAL SERVICES

PLAN CODE – 780

PART I – INFORMATION TO BE COMPLETED BY FEDERAL EMPLOYEE OR ANNUITANT

1. PATIENT'S LAST NAME (Please Print) | First | Middle Initial

2. PATIENT'S BIRTHDATE MONTH | DAY | YEAR

3. FEDERAL EMPLOYEE'S IDENTIFICATION NUMBER (Copy From Identification Card) R

4. FEDERAL EMPLOYEE'S LAST NAME | First | Middle Initial

5. ENROLLMENT CODE (Copy From Identification Card)

7. FEDERAL EMPLOYEE'S ADDRESS | STREET | CITY | STATE | ZIP CODE

8. PATIENT'S RELATIONSHIP TO FEDERAL EMPLOYEE (Check Appropriate Box)

Self or Spouse		Ch'd Under 22		Child 22 and Over	
1	2	5	6	7	8
Male	Female	Male	Female	Male	Female

9. DOES PATIENT HAVE OTHER HEALTH INSURANCE OR HEALTH PLAN COVERAGE? ☐ YES ☐ NO IF YES, IDENTIFY
CARRIER _____ CERT. NO. _____

10. EMPLOYEE'S PHONE NUMBER

15. **FEDERAL EMPLOYEE'S CERTIFICATION:** I certify that the statements above are correct.
Federal Employee Sign Here _____ Date _____

14. IS CONDITION IN ANY WAY RELATED TO PATIENT'S JOB? ☐ YES ☐ NO

PART II – INFORMATION TO BE COMPLETED BY DOCTOR

16. DOES PATIENT HAVE OTHER HEALTH INSURANCE OR HEALTH PLAN COVERAGE? ☐ YES ☐ NO
IF YES, IDENTIFY IF KNOWN
CARRIER _____ CERTIFICATE NUMBER _____

17. ☐ DOCTOR'S (3) OFFICE ☐ LABORATORY (3) ☐ PATIENT'S HOME (4) OR OTHER, SPECIFY

18. IF SERVICE WAS FOR ACCIDENTAL INJURY, GIVE DATE OF INJURY.

19. IS CONDITION IN ANY WAY RELATED TO PATIENT'S EMPLOYMENT? ☐ YES ☐ NO

23. DIAGNOSIS

24. WERE SERVICES MATERNITY RELATED? ☐ YES ☐ NO

26. DESCRIBE FULLY SERVICES PERSONALLY RENDERED. LIST LABORATORY AND X-RAY TESTS PERSONALLY PERFORMED. INCLUDE SIGNIFICANT DATES.

DATE	SERVICE	ITEMIZED CHARGE(S)
		$
	(ADDITIONAL SPACE ON REVERSE SIDE)	TOTAL PERSONAL CHARGE(S) → $

27. LIST BELOW LABORATORY TESTS PERFORMED OUTSIDE OF YOUR OFFICE AND CHARGE(S) PAYABLE BY YOU TO THE LABORATORY.
(NAME OF LABORATORY)

DATE	TEST	CHARGE(S)	DATE	TEST	CHARGE(S)
		$			$
	(ADDITIONAL SPACE ON REVERSE SIDE)			TOTAL LABORATORY CHARGE(S) →	$
				28. TOTAL CHARGES (ITEMS 26 AND 27) →	$

37. TAXPAYER IDENTIFYING NUMBER–REQUIRED BY FEDERAL LAW–IF NOT INCLUDED, FORM WILL BE RETURNED.

38. IF FEDERAL EMPLOYEE HAS PAID YOU, GIVE AMOUNT. $

39.

DOCTOR'S NAME, ADDRESS AND PROFESSIONAL DEGREE (Please Print)

40. **DOCTOR'S STATEMENT:** I certify that all statements in Part II hereof are true; that all diagnoses, provisional or confirmed, are bonafide and that all diagnostic services billed were necessary for confirmation or proper treatment of same; that the charge(s) shown above is my usual charge(s) for services personally performed and that for laboratory services not performed by me the charge(s) is not more than that payable by me to the laboratory.

Signature and Professional Degree of Doctor _____ Date _____

PART III – FOR PLAN USE ONLY

41. LINE ITEM NO.	42. ACC.	43. CASE COUNT	44. CHARGE	45. T.S.	45. DIOP	46. DAYS/ UNITS	47. PAYMENT
44A. TOTAL CHARGES →				48. TOTAL PAYMENT →			

49. APPROVED BY a. INITIALS

50. LETTER a

TO: ☐ DR. ☐ EMP.

TYPIST'S INITIALS AND DATE

CC:

51. DATE

REMARKS:

52. DECLINED BY

53. DEC./LIAB.

55. TRANCO	56. TRANCO	58. TRANCO	59. TYPE OF PAYMENT	61. COB (CODES 0,9)
810			☐ 1. ASSGN. 6. REIMB.	0

3665 (4 72)

DOCTOR SHOULD MAIL TO P.O. BOX 127, NEWARK, N. J. 07101

STATE OF NEW JERSEY
Department of Institutions and Agencies
Division of Medical Assistance and Health Services

PHYSICIANS AND PRACTITIONERS CLAIM

03

1. Patient's Last Name | First Name

2. Patient's Street Address | Telephone Number

3. Health Services Program Case No. | 4. Patient Person # | 5. Age | 6. Sex M/F

City | State | ZIP Code

7. Other Health Insurance or Liability Coverage? Yes [X] No [X]
If Yes, attach copy of Explanation of Payment from carrier. (If Medicare – See Section 304 of Manual)

8. Was Patient's Illness or Injury connected with his employment?
If Yes, give Name and Address of Employer here. Yes [X] No [X]

9. PROVIDER OF SERVICE INFORMATION

Telephone Number | Social Security or Employer I.D. Number (Enter only when not printed below)

10. Did injury result from automobile accident? Yes [X] No [X]

Name and Address

11. Give Name of Institution if Place of Service is other than Doctor's Office or Patient's Home.

FOR CONTRACTOR'S USE ONLY

TOTAL AMOUNT A	TOTAL AMOUNT B	CODE	JAM	HOSPITAL PROVIDER NUMBER

12. REPORT OF SERVICES
1–Doctor's Office 2–Patient's Home 5–Skilled Nursing Home 6–Independent Laboratory 9–Other Locations 0–Emergency Room
3–Inpatient Hospital 4– 7–Outpatient Hospital 8–Clinic (Other than Hospital based) (Specify in 12C)

A. DATE OF EACH VISIT	B. PLACE OF SERV.	C. NATURE OF ILLNESS OR INJURY REQUIRING SERVICES	D. FULLY DESCRIBE SURGICAL OR MEDICAL PROCEDURES AND OTHER SERVICES OR SUPPLIES FURNISHED FOR EACH DATE OF SERVICE	E. CHECK (✓) IF FAMILY PLANNING	F. CHARGE
					$

13. IF CONSULTATION – Give Name of Referring Physician | TOTAL CHARGES $

14. PATIENT'S CERTIFICATION. Authorization to Release Information, and Payment Request. I certify that the service(s) covered by this claim has been received, and I request that payment for these services be made on my behalf. I authorize any holder of medical or other information about me to release to the Division of Medical Assistance and Health Services or its authorized Agents any information needed for this or a related claim.
Signature (Patient or authorized representative) Date Signed

15. PROVIDER CERTIFICATION. I certify that the services covered by this claim were personally rendered by me or under my direct personal supervision (as defined by Program regulations); that the foregoing information is true, accurate and complete; and I agree to keep such records as are necessary to disclose fully the extent of services provided, and to furnish information for such services as the State agency may request; and that the services covered by this claim and the amount charged therefore are in accordance with the regulations of the New Jersey Health Services Program; and that no part of the net amount payable under this claim has been paid; and that payment of such amount will be accepted as payments in full without additional charge to the patient or to others on his behalf. I also certify that the services have been furnished in full compliance with the non-discrimination requirements of Title VI of the Federal Civil Rights Act. I understand that fraud or concealment will be punishable under applicable Federal or State law, or both.
Provider Signature ☐MD ☐DO Date Signed
Other Degree

FOR PAYMENT MAIL TO: The Prudential Insurance Co. of America – P.O. Box 1900 – Millville, N.J. 08332

FOR CONTRACTOR'S USE ONLY

CARD	DATES OF SERVICE FROM YR	FROM MO	FROM DAY	TO MO	TO DAY	PLACE	TYPE	R=R P=P	# OF VISITS	PROC	VALUE	AMOUNT A	AMOUNT B	CODE	JAM	DATE RECEIVED YR	DATE RECEIVED JULIAN DATE	CODER I D
B																		
H																		

CARD	PROCEDURE CODE (1)	PROCEDURE CODE (2)	PROCEDURE CODE (3)	PRIMARY DX.	SECOND DX.	
B						PATIENT
H						PROVIDER

MC-8-B-C2 (324101) PROVIDER'S COPY Medicaid 32917 Part 2 ED 1-73 (N.J.)

SERVICE REPORT FOR MAIN CLAIM

FOR PLAN USE ONLY

PART I — INFORMATION FROM SUBSCRIBER

1. PATIENT'S LAST NAME (Please Print) | First | Middle Initial
2. PATIENT'S BIRTHDATE Mo. | Day | Year
3. IDENTIFICATION NUMBER—Copy from identification card—include prefix or suffix, if any (REQUIRED—Failure to include this information will result in form being returned.)
4. SUBSCRIBER'S LAST NAME | First | Middle Initial
5. SUBSCRIBER'S BIRTHDATE Mo. | Day | Year
7. SUBSCRIBER'S ADDRESS STREET | CITY AND STATE | ZIP CODE
8. PATIENT'S RELATIONSHIP TO SUBSCRIBER (Check appropriate box) [1] Male Self [3] Husband [5] Son; [2] Female Self [4] Wife [6] Daughter — FOR PLAN USE ONLY
9. DOES PATIENT HAVE OTHER HEALTH INSURANCE OR HEALTH PLAN COVERAGE? ☐ YES ☐ NO IF YES, IDENTIFY CARRIER _____ CERT. NO. _____
10. SUBSCRIBER'S PHONE NUMBER
9A. IS CONDITION IN ANY WAY RELATED TO A MOTOR VEHICLE ACCIDENT? ☐ YES ☐ NO IF YES, GIVE DATE OF ACCIDENT _____
13. SUBSCRIBER'S GROUP NAME & NUMBER
14. IS CONDITION IN ANY WAY RELATED TO PATIENT'S JOB? ☐ YES ☐ NO
15. SUBSCRIBER'S CERTIFICATION: (Check appropriate box) I UNDERSTAND THAT IF I REQUEST SERVICE BENEFITS FROM A PARTICIPATING DOCTOR, I MUST HAVE AVAILABLE, ACCEPTABLE PROOF OF INCOME OF MYSELF (AND SPOUSE IF ANY). THIS DOES NOT APPLY TO PREVAILING FEE PROGRAM. INCOME: [1] UNDER [2] OVER CONTRACT LIMITS
Subscriber sign here _____ Date _____

PART II — INFORMATION FROM ATTENDING DOCTOR OR OPERATING SURGEON

16. DOES PATIENT HAVE OTHER HEALTH INSURANCE OR HEALTH PLAN COVERAGE? ☐ YES ☐ NO IF YES, IDENTIFY IF KNOWN CARRIER _____ CERTIFICATE NUMBER _____
17. ☐ HOSPITAL (1) Bed Patient ☐ HOSPITAL (2) Registered outpatient ☐ DOCTOR'S (3) OFFICE ☐ PATIENT'S HOME (4) or Other Specify ☐ EXTENDED (9) CARE FACILITY
18. DATE OF INJURY IF NOT RELATED TO MOTOR VEHICLE ACCIDENT _____
19. IS CONDITION IN ANY WAY RELATED TO PATIENT'S EMPLOYMENT? ☐ YES ☐ NO
20. ADMISSION DATE Mo. | Day | Year
21. DISCHARGE DATE Mo. | Day | Year
22. NAME OF HOSPITAL City | State
23. DIAGNOSIS
28. SERVICES RENDERED—DESCRIBE FULLY, SERVICES PERSONALLY RENDERED (Including significant dates): (See reverse for intensive medical care cases)
ITEMIZE CHARGES FOR MULTIPLE SERVICES
33. USUAL CHARGES FOR SURGICAL OR OBSTETRICAL SERVICE $
29. DATE LAST MENSTRUAL PERIOD
31. WAS ALL PRENATAL CARE RENDERED BY YOU? ☐ YES ☐ NO
31A. IS CONDITION IN ANY WAY RELATED TO A MOTOR VEHICLE ACCIDENT? ☐ YES ☐ NO IF YES, GIVE DATE OF ACCIDENT _____
34. USUAL CHARGES FOR MEDICAL SERVICES $
32. REPORT OF MEDICAL SERVICES (Mark each date treatment was rendered, utilizing Medical Care Coding shown below.)

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

35. TOTAL CHARGES FOR REPORTED SERVICES $

MEDICAL CARE CODING: R = Initial Visit, Routine; M = Initial Visit, Multi-System; I = Initial Visit, Intensive; X = Subsequent Day, Routine; Y = Subsequent Day, Intensive

O None

37. TAXPAYER IDENTIFYING NUMBER—Required by Federal Law, if not included, form will be returned.
38. IF SUBSCRIBER HAS PAID YOU, GIVE AMOUNT. $

NAME				NAME			
CHECK TYPE OF SERVICE	*Med. Care [1]	*Surg. or Obst. [2]	Consult. [3]	*Med. Care [1]	*Surg. or Obst. [2]	Consult. [3]

*See "Item 36—Instructions" on reverse side.

39.

40. DOCTOR'S STATEMENT: I certify that all statements in Part II hereof are true and constitute all the services as set forth in Items 28 through 32 which I personally rendered, and that the charges shown above represent my usual charges.
Signature and Professional Degree of Doctor _____ DATE _____

DOCTOR'S NAME, ADDRESS AND PROFESSIONAL DEGREE (PLEASE PRINT)

PART III — FOR PLAN USE ONLY

41. LINE ITEM NO.	42. ACC.	43. C.C.	44. CHARGE	45. T.S.	DIOP	46. DAYS / UNITS	47. PAYMENT
44A. TOTAL CHARGES →				48. TOTAL PAYMENT →			

49. APPROVED BY # INITIALS
50. LETTER # TO: DR. SUB.
TYPIST'S INITIALS AND DATE
CC:
51. DATE
REMARKS:
52. DECLINED BY
53. DEC./LIAB.

55. TRANCO	56. TRANCO DATE / INIT.	58. TRANCO DATE / INIT.	59. TYPE OF PAYMENT	60. SBC
810			4. M. SIGN 5. F. SIGN 6. REIMB.	1. UNDER 2. OVER

61. COB

7053 (12-72)

DOCTOR SHOULD MAIL TO P.O. BOX 127, NEWARK, N.J. 07101

"NEW JERSEY'S
BLUE SHIELD PLAN"

SPECIAL SERVICE REPORT

PART I—INFORMATION FROM SUBSCRIBER

1. PATIENT'S LAST NAME (Please Print) First Middle Initial

2. PATIENT'S BIRTHDATE Mo. Day Year

3. IDENTIFICATION NUMBER—Copy from Identification Card—Include Prefix or Suffix, if any

(REQUIRED—Failure to Include This Information Will Result in Form Being Returned.)

4. SUBSCRIBER'S LAST NAME First Middle Initial

5. SUBSCRIBER'S BIRTHDATE Mo. Day Year

7. SUBSCRIBER'S ADDRESS STREET CITY AND STATE ZIP CODE

8. PATIENT'S RELATIONSHIP TO SUBSCRIBER (Check appropriate box)
1 Male Self 2 Female Self 3 Husband 4 Wife 5 Son 6 Daughter
FOR PLAN USE ONLY

9. DOES PATIENT HAVE OTHER HEALTH INSURANCE OR HEALTH PLAN COVERAGE? ☐ YES ☐ NO IF YES, IDENTIFY
CARRIER CERT. NO.

10. SUBSCRIBER'S PHONE NUMBER

13. SUBSCRIBER'S GROUP NAME & NUMBER

14. IS CONDITION IN ANY WAY RELATED TO PATIENTS JOB? ☐ YES ☐ NO

15. SUBSCRIBER'S CERTIFICATION. (Check Appropriate Box)

INCOME: 1 ☐ UNDER 2 ☐ OVER CONTRACT LIMITS.
I UNDERSTAND THAT IF I REQUEST SERVICE BENEFITS FROM A PARTICIPATING DOCTOR, I MUST HAVE AVAILABLE, ACCEPTABLE PROOF OF INCOME OF MYSELF (AND SPOUSE, IF ANY).
THIS DOES NOT APPLY TO PREVAILING FEE PROGRAM.

Subscriber sign here Date

PART II—INFORMATION FROM PHYSICIAN RENDERING SPECIAL SERVICES

16. DOES PATIENT HAVE OTHER HEALTH INSURANCE OR HEALTH PLAN COVERAGE? ☐ YES ☐ NO
IF YES, IDENTIFY IF KNOWN
CARRIER CERTIFICATE NUMBER

17. ☐ HOSPITAL (1) Bed-Patient ☐ HOSPITAL (2) Registered outpatient ☐ DOCTOR'S (3) OFFICE ☐ PATIENT'S HOME (4) or OTHER Specify ☐ EXTENDED CARE (9) FACILITY

22. NAME OF HOSPITAL OR LABORATORY City State

23. DIAGNOSIS

24. OPERATIVE PROCEDURE

25. PRINT NAME OF PHYSICIAN RENDERING MAIN SERVICE

26. HIS ADDRESS

27. TYPE OF SERVICE RENDERED BY HIM

ANESTHESIA (Personally Rendered Throughout Operation)

Date Anesthesia Time: (Quarter Hours)

TYPE:
GENERAL ☐ LOCAL ☐ Spinal: ☐ Regional: Method Other Type

CHARGES: Please enter charges in item number 35.

32. REPORT OF SPECIAL SERVICES RENDERED

Nature (Please Check)	Date(s) of Services	Charges
☐ CONSULTATION (Not for pre-op clearance) See reverse for Special Consideration		$
☐ LAB/X-RAY OR OTHER (personally rendered) ITEMIZE		
		$
		$
		$
		$
		$

35. TOTAL CHARGES FOR REPORTED SERVICES $

37. TAXPAYER IDENTIFYING NUMBER. Required by Federal Law. If not included, form will be returned.

38. IF SUBSCRIBER HAS PAID YOU, GIVE AMOUNT $

39. 10

PHYSICIAN'S NAME, ADDRESS AND PROFESSIONAL DEGREE (PLEASE PRINT)

40. PHYSICIAN'S STATEMENT: I certify that all statements in Part II hereof are true and constitute all the services as set forth in item 32 which I personally rendered, and that the charges shown above represent my usual charges.

Signature and Professional Degree of Physician Date

PART III—FOR PLAN USE ONLY

41. LINE ITEM NO.	42. ACC.	43. CASE COUNT	44. CHARGE	45. T.S.	45. DIOP	46. DAYS/ UNITS	47. PAYMENT
44A. TOTAL CHARGES →				48. TOTAL PAYMENT →			

49. APPROVED BY # INITIALS

50. LETTER # TO: DR. SUB.

TYPIST'S INITIALS AND DATE

CC:

51. DATE

REMARKS:

52. DECLINED BY

53. DEC./LIAB.

Is condition in any way related to a motor vehicle accident? ☐ Yes ☐ No If yes, give date of accident

55. TRANCO	56. TRANCO	58. TRANCO	59. TYPE OF PAYMENT	60. SBC •	61. COB
810			4. M. SIGN 5. P. SIGN 6. REIMB.	1. UNDER 2. OVER	

7055 (3-71)

PHYSICIAN SHOULD MAIL TO P.O. BOX 127, NEWARK, N. J. 07101

"NEW JERSEY'S BLUE SHIELD PLAN"

SERVICE REPORT FOR OUT-OF-HOSPITAL SERVICES

[redacted]

1. PATIENT'S LAST NAME (Please Print) First Middle Initial	2. PATIENT'S BIRTHDATE MONTH DAY YEAR	3. IDENTIFICATION NUMBER – COPY FROM IDENTIFICATION CARD – INCLUDE PREFIX OR SUFFIX, IF ANY. (REQUIRED – Failure to Include This Information Will Result in Form Being Returned.)
4. SUBSCRIBER'S LAST NAME First Middle Initial	5. SUBSCRIBER'S BIRTHDATE MONTH DAY YEAR	
7. SUBSCRIBER'S ADDRESS STREET CITY AND STATE ZIP CODE		8. PATIENT'S RELATIONSHIP TO SUBSCRIBER (Check appropriate box) 1 Male Self 2 Female Self 3 Husband Wife 4 5 Son Daughter 6 — FOR PLAN USE ONLY
9. DOES PATIENT HAVE OTHER HEALTH INSURANCE OR HEALTH PLAN COVERAGE? ☐YES ☐NO IF YES, IDENTIFY CARRIER _____ CERT. NO. _____	10. SUBSCRIBER'S PHONE NUMBER	
15. SUBSCRIBER'S CERTIFICATION: (Check Appropriate Box) INCOME: 1 UNDER 2 OVER CONTRACT LIMITS. I UNDERSTAND THAT IF I REQUEST SERVICE BENEFITS FROM A PARTICIPATING DOCTOR, I MUST HAVE AVAILABLE, ACCEPTABLE PROOF OF INCOME OF MYSELF (AND SPOUSE, IF ANY). THIS DOES NOT APPLY TO PREVAILING FEE PROGRAM.	13. SUBSCRIBER'S GROUP NAME & NUMBER	14. IS CONDITION IN ANY WAY RELATED TO PATIENT'S JOB? ☐YES ☐NO
Subscriber sign here _____ Date _____		

[redacted]

16. DOES PATIENT HAVE OTHER HEALTH INSURANCE OR HEALTH PLAN COVERAGE? ☐YES ☐NO IF YES, IDENTIFY IF KNOWN
CARRIER _____ CERTIFICATE NUMBER _____

17. ☐DOCTOR'S (3) OFFICE ☐LABORATORY (3) ☐PATIENT'S HOME (4) OR OTHER, SPECIFY _____	18. IF SERVICE WAS FOR ACCIDENTAL INJURY, GIVE DATE OF INJURY.	19. IS CONDITION IN ANY WAY RELATED TO PATIENT'S EMPLOYMENT? ☐YES ☐NO
23. DIAGNOSIS		24. WERE SERVICES MATERNITY RE[illegible] ☐YES ☐NO

26. DESCRIBE FULLY SERVICES PERSONALLY RENDERED. LIST LABORATORY AND X-RAY TESTS PERSONALLY PERFORMED. INCLUDE SIGNIFICANT DATES.

DATE	SERVICE	ITEMIZED CHARGE(S)
		$
(ADDITIONAL SPACE ON REVERSE SIDE)	TOTAL PERSONAL CHARGE(S) →	$

27. LIST BELOW LABORATORY TESTS PERFORMED OUTSIDE OF YOUR OFFICE AND CHARGE(S) PAYABLE BY YOU TO THE LABORATORY.
(NAME OF LABORATORY) _____

DATE	TEST	CHARGE(S)	DATE	TEST	CHARGE(S)
		$			$
(ADDITIONAL SPACE ON REVERSE SIDE)			TOTAL LABORATORY CHARGE(S) →		$
			35. TOTAL CHARGES (ITEMS 26 AND 27) →		$

37. TAXPAYER IDENTIFYING NUMBER REQUIRED BY FEDERAL LAW. IF NOT INCLUDED, FORM WILL BE RETURNED.	38. IF SUBSCRIBER HAS PAID YOU, GIVE AMOUNT. $
39. DOCTOR'S NAME, ADDRESS AND PROFESSIONAL DEGREE (Please Print)	40. DOCTOR'S STATEMENT: I certify that all statements in Part II hereof are true; that all diagnoses, provisional or confirmed, are bonafide and that all diagnostic services billed were necessary for confirmation or proper treatment of same; that the charge(s) shown above is my usual charge(s) for services personally performed and that for laboratory services not performed by me the charge(s) is not more than that payable by me to the laboratory. Signature and Professional Degree of Doctor _____ Date _____

[redacted]

41. LINE ITEM NO.	42. ACC.	43. CASE COUNT	44. CHARGE	45. T.S.	45. DIOP	46. DAYS/ UNITS	47. PAYMENT
44A. TOTAL CHARGES →				48. TOTAL PAYMENT →			

49. APPROVED BY # INITIALS	50. LETTER #	TO: DR. / SUB.	TYPIST'S INITIALS AND DATE		
51. DATE	CC:				
52. DECLINED BY	REMARKS:				
53. DEC./LIAB.	Is condition in any way related to a motor vehicle accident? ☐ Yes ☐ No If yes, give date of accident_____				
55. TRANCO 810	56. TRANCO	58. TRANCO	59. TYPE OF PAYMENT ☐ 4. M. SIGN 5. F. SIGN 8. REIMB.	60. SBC ☐ 1. UNDER 2. OVER	61. COB ☐

3836-S 7-73 16

DOCTOR SHOULD MAIL TO P.O. BOX 127, NEWARK, N. J. 07101

115

FEDERAL EMPLOYEES SERVICE REPORT FOR MAIN CLAIM

PLAN CODE—780

1. PATIENT'S LAST NAME (Please Print) | First | Middle Initial

2. PATIENT'S BIRTHDATE Month | Day | Year | Age in Years

3. FEDERAL EMPLOYEE'S IDENTIFICATION NO. (Copy From Identification Card) R

4. FEDERAL EMPLOYEE'S LAST NAME (Please Print) | First | Middle Initial

6. ENROLLMENT CODE (Copy from Identification Card)

7. FEDERAL EMPLOYEE'S ADDRESS | Street | City | State | Zip Code

8. PATIENT'S RELATIONSHIP TO FEDERAL EMPLOYEE (Check Appropriate Box)

Self or Spouse		Child Under 22		Child, 22 and Over	
1	2	5	6	7	8
Male	Female	Male	Female	Male	Female

9. DOES PATIENT HAVE OTHER HEALTH INSURANCE OR HEALTH PLAN COVERAGE? ☐ YES ☐ NO IF YES, IDENTIFY
CARRIER _____ CERT. NO. _____

10. SUBSCRIBER'S PHONE NUMBER

15. FEDERAL EMPLOYEE'S CERTIFICATION: I certify that the statements above are correct.
Federal Employee Sign Here _____ Date _____

14. IS CONDITION IN ANY WAY RELATED TO PATIENT'S JOB? ☐ YES ☒ NO

PART II INFORMATION FROM ATTENDING PHYSICIAN OR OPERATING SURGEON

16. DOES PATIENT HAVE OTHER HEALTH INSURANCE OR HEALTH PLAN COVERAGE? ☐ YES ☐ NO
IF YES, IDENTIFY IF KNOWN CARRIER _____ CERTIFICATE NUMBER _____

17. ☐ HOSPITAL (1) Bed-Patient ☐ HOSPITAL (2) Registered Out-Patient ☐ DOCTOR'S (3) OFFICE ☐ OTHER (4) Specify

18. IF SERVICE WAS FOR ACCIDENTAL INJURY, GIVE DATE OF INJURY

19. IS CONDITION IN ANY WAY RELATED TO PATIENT'S EMPLOYMENT? ☐ YES ☐ NO

20. ADMISSION DATE Mo. | Day | Yr.

21. DISCHARGE DATE Mo. | Day | Yr.

22. NAME OF HOSPITAL | City | State

23. DIAGNOSIS

28. SERVICES RENDERED—DESCRIBE FULLY SERVICES PERSONALLY RENDERED (including significant dates). (See reverse for intensive medical care cases)

ITEMIZE CHARGES FOR MULTIPLE SERVICES

33. DATE OF SURGICAL OR OBSTETRICAL SERVICE

Charges: $

29. DATE LAST MENSTRUAL PERIOD

31. WAS ALL PRENATAL CARE RENDERED BY YOU? ☐ YES ☐ NO

(ADDITIONAL SPACE ON REVERSE)

34. CHARGES FOR MEDICAL TREATMENT $

32. REPORT OF MEDICAL SERVICES (Make each date treatment was rendered, utilizing Medical Care Coding Shown Below.)

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

35. TOTAL CHARGES FOR REPORTED SERVICES $

MEDICAL CARE CODING:
R = Initial Visit, Routine; M = Initial Visit, Multi-System;
I = Initial Visit, Intensive; X = Subsequent Day, Routine;
Y = Subsequent Day, Intensive

O None

NAME				NAME		
CHECK TYPE OF SERVICE	*Med. Care 1	*Surg. or Obst. 2	Consult 3	*Med. Care 1	*Surg. or Obst. 2	Consult 3

*See "Item 36—Instructions" on reverse side

37. TAXPAYER IDENTIFYING NUMBER—Required by Federal Law—if not included form will be returned.
221-98-9345

38. IF SUBSCRIBER HAS PAID YOU, GIVE AMOUNT $

39. ●
SCHMIDT-FLETCHER PA
67 HIGH ST
NEWTON NJ 07860
PHYSICIAN'S NAME, ADDRESS AND PROFESSIONAL DEGREE (PLEASE PRINT)

40. PHYSICIAN'S STATEMENT: I certify that all statements in Part II hereof are true and constitute all the services as set forth in items 28 through 32 which I personally rendered, and that the charges shown above represent my usual charges.

Signature and Professional Degree of Physician _____ DATE _____

PART III FOR PLAN USE ONLY

41. ITEM	42. ACC.	43. C. C.	44. CHARGE	45. T/S	DIOP	46. D/U/T	47. PAYMENT
44A. TOTAL CHARGES →				48. TOTAL PAYMENT →			

49. APPROVED BY # INITIALS

50. LETTER # _____ TO: DR EMP

CC:

51. DATE

REMARKS:

52. DECLINED BY

53. DEC/LIAB

TYPIST'S INITIALS & DATE

55. TRANCO	56. TRANCO	58. TRANCO	59. TYPE PAYMENT	61. COB (CODES 0-9)
810			1. ASSIGN 6. REIMB	

9700 (3-71)

PHYSICIAN SHOULD MAIL TO P. O. BOX 127, NEWARK, N. J. 07101

FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM

116

"NEW JERSEY'S BLUE SHIELD PLAN"

FEDERAL EMPLOYEES
SERVICE REPORT FOR OUT-OF-HOSPITAL SERVICES

PLAN CODE – 760

[redacted]

1. PATIENT'S LAST NAME (Please Print) | First | Middle Initial
2. PATIENT'S BIRTHDATE MONTH | DAY | YEAR
3. FEDERAL EMPLOYEE'S IDENTIFICATION NUMBER (Copy From Identification Card) — R
4. FEDERAL EMPLOYEE'S LAST NAME | First | Middle Initial
6. ENROLLMENT CODE (Copy From Identification Card)
7. FEDERAL EMPLOYEE'S ADDRESS — STREET | CITY | STATE | ZIP CODE
8. PATIENT'S RELATIONSHIP TO FEDERAL EMPLOYEE (Check Appropriate Box)
Self or Spouse: 1 Male, 2 Female — Child Under 22: 5 Male, 6 Female — Child 22 and Over: 7 Male, 8 Female
9. DOES PATIENT HAVE OTHER HEALTH INSURANCE OR HEALTH PLAN COVERAGE? ☐ YES ☐ NO IF YES, IDENTIFY
CARRIER _____ CERT. NO. _____
10. EMPLOYEE'S PHONE NUMBER
15. FEDERAL EMPLOYEE'S CERTIFICATION: I certify that the statements above are correct.
Federal Employee Sign Here _____ Date _____
14. IS CONDITION IN ANY WAY RELATED TO PATIENT'S JOB? ☐ YES ☐ NO

[redacted]

16. DOES PATIENT HAVE OTHER HEALTH INSURANCE OR HEALTH PLAN COVERAGE? ☐ YES ☐ NO
IF YES, IDENTIFY IF KNOWN
CARRIER _____ CERTIFICATE NUMBER _____
17. ☐ DOCTOR'S (3) OFFICE ☐ LABORATORY (3) ☐ PATIENT'S HOME (4) OR OTHER, SPECIFY:
18. IF SERVICE WAS FOR ACCIDENTAL INJURY, GIVE DATE OF INJURY.
19. IS CONDITION IN ANY WAY RELATED TO PATIENT'S EMPLOYMENT? ☐ YES ☐ NO
23. DIAGNOSIS
24. WERE SERVICES MATERNITY RELATED? ☐ YES ☐ NO
26. DESCRIBE FULLY SERVICES PERSONALLY RENDERED. LIST LABORATORY AND X-RAY TESTS PERSONALLY PERFORMED. INCLUDE SIGNIFICANT DATES.

DATE	SERVICE	ITEMIZED CHARGE(S)
		$
	(ADDITIONAL SPACE ON REVERSE SIDE)	TOTAL PERSONAL CHARGE(S) → $

27. LIST BELOW LABORATORY TESTS PERFORMED OUTSIDE OF YOUR OFFICE AND CHARGE(S) PAYABLE BY YOU TO THE LABORATORY.
(NAME OF LABORATORY)

DATE	TEST	CHARGE(S)	DATE	TEST	CHARGE(S)
		$			$
	(ADDITIONAL SPACE ON REVERSE SIDE)			TOTAL LABORATORY CHARGE(S) →	$
				28. TOTAL CHARGES (ITEMS 26 AND 27) →	$

37. TAXPAYER IDENTIFYING NUMBER–REQUIRED BY FEDERAL LAW–IF NOT INCLUDED, FORM WILL BE RETURNED.
221-20-9345
38. IF FEDERAL EMPLOYEE HAS PAID YOU, GIVE AMOUNT. $
39. $
SCHMIDT-FLETCHER PA
67 HIGH ST
NEWTON NJ 07860
DOCTOR'S NAME, ADDRESS AND PROFESSIONAL DEGREE (Please Print)
40. DOCTOR'S STATEMENT: I certify that all statements in Part II hereof are true; that all diagnoses, provisional or confirmed, are bonafide and that all diagnostic services billed were necessary for confirmation or proper treatment of same; that the charge(s) shown above is my usual charge(s) for services personally performed and that for laboratory services not performed by me the charge(s) is not more than that payable by me to the laboratory.
Signature and Professional Degree of Doctor _____ Date _____

[redacted]

41. LINE ITEM NO.	42. ACC.	43. CASE COUNT	44. CHARGE	45. T.S.	45. DIOP	46. DAYS/ UNITS	47. PAYMENT
44A. TOTAL CHARGES →				48. TOTAL PAYMENT →			

49. APPROVED BY # INITIALS
51. DATE
52. DECLINED BY
53. DEC./LIAB.
50. LETTER #
TO: DR. EMP.
TYPIST'S INITIALS AND DATE
CC:
REMARKS:
55. TRANCO 810
56. TRANCO
58. TRANCO
59. TYPE OF PAYMENT 1. ASSIGN. 8. REIMB.
61. COB (CODES 0-9) 0

3666 (4.72)

DOCTOR SHOULD MAIL TO P.O. BOX 127, NEWARK, N. J. 07101

FEDERAL EMPLOYEES SPECIAL SERVICE REPORT

"NEW JERSEY'S BLUE SHIELD PLAN"

[redacted] Only — Do Not Use This [redacted] Operating Surgeon

PLAN CODE – 780

PART I—INFORMATION FROM FEDERAL EMPLOYEE OR DEPENDENT

1. PATIENT'S LAST NAME (Please Print) | First | Middle Initial

2. PATIENT'S BIRTHDATE Month | Day | Year | Age in Years

3. FEDERAL EMPLOYEE'S IDENTIFICATION NUMBER (Copy From Identification Card)

4. FEDERAL EMPLOYEE'S LAST NAME (Please Print) | First | Middle Initial

5. ENROLLMENT CODE (Copy From Identification Card)

7. FEDERAL EMPLOYEE'S ADDRESS | STREET | CITY | STATE | ZIP CODE

8. PATIENT'S RELATIONSHIP TO FEDERAL EMPLOYEE (Check Appropriate Box)

Self or Spouse		Child Under 21		Child, 21 and Over	
1	2	5	6	7	8
Male	Female	Male	Female	Male	Female

9. DOES PATIENT HAVE OTHER HEALTH INSURANCE OR HEALTH PLAN COVERAGE? ☐ YES ☐ NO IF YES, IDENTIFY

CARRIER _____ CERT. NO. _____

10. SUBSCRIBER'S PHONE NO.

15. FEDERAL EMPLOYEE'S CERTIFICATION: I certify that the statements above are correct.

Federal Employee Sign Here _____ Date _____

14. IS CONDITION IN ANY WAY RELATED TO PATIENT'S JOB? ☐ YES ☐ NO

FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM

PART II—INFORMATION FROM PHYSICIAN RENDERING SPECIAL SERVICES

16. DOES PATIENT HAVE OTHER HEALTH INSURANCE OR HEALTH PLAN COVERAGE? ☐ YES ☐ NO IF YES, IDENTIFY IF KNOWN

CARRIER _____ CERTIFICATE NUMBER _____

17. ☐ HOSPITAL (1) Bed Patient ☐ HOSPITAL (2) Registered Out-Patient ☐ DOCTOR'S (3) OFFICE ☐ OTHER (4) Specify

22. NAME OF HOSPITAL IN WHICH SERVICES WERE RENDERED | CITY | STATE

23. DIAGNOSIS

24. OPERATIVE PROCEDURE

25. PRINT NAME OF PHYSICIAN RENDERING MAIN SERVICE

32. REPORT OF SPECIAL SERVICES RENDERED

18. IF SERVICE WAS FOR ACCIDENTAL INJURY, GIVE DATE OF INJURY.

26. HIS ADDRESS

27. TYPE OF SERVICE RENDERED BY HIM

Nature (Please Check)	Date(s) of Services	Charges
☐ CONSULTATION (Not for pre-op clearance) See reverse for Special Consideration		$

ANESTHESIA (Personally Rendered Throughout Operation)

Date: _____ Anesthesia Time: (Quarter Hours) _____

TYPE: GENERAL ☐ LOCAL ☐ Spinal: ☐ Regional: Method _____ Other Type _____

CHARGES: Please enter charges in item number 35.

LAB – Specify How Rendered ( ) Personally Rendered ( ) By Contract Lab ( ) By Fee-for-Service Lab

X-RAY OR OTHER ( )

ITEM	Dates	Charges
		$
		$
		$
		$
		$

35. TOTAL CHARGES FOR REPORTED SERVICES $

37. TAXPAYER IDENTIFYING NUMBER – REQUIRED BY FEDERAL LAW IF NOT INCLUDED FORM WILL BE RETURNED

221 90 9345

38. IF FEDERAL EMPLOYEE HAS PAID YOU, GIVE AMOUNT $

39. SCHMIDT FLETCHER PA 10
57 HIGH STREET
PHYSICIAN'S NAME, ADDRESS AND PROFESSION [redacted] (Please Print)

40. PHYSICIAN'S STATEMENT:
I certify that all statements in Part II hereof are true and constitute all the services as set forth in item 32 which I personally rendered, and that the charges shown above represent my usual charges.

Signature and Professional Degree of Physician _____ DATE _____

PART III - FOR PLAN USE ONLY

41. ITEM	42. ACC.	43. C. C.	44. CHARGE	45. T/S	DIOP	46. D/U/T	47. PAYMENT
44A. TOTAL CHARGES →				48. TOTAL PAYMENT →			

49. APPROVED BY # INITIALS

51. DATE

52. DECLINED BY

53. DEC. LIAB.

50. LETTER # TO: DR EMP

CC:

REMARKS:

TYPIST'S INITIALS AND DATE

55. TRANCO	56. TRANCO	58. TRANCO	59. TYPE OF PAYMENT	61. COB (CODES 0-9)
810			◯ 1. ASSIGN 6. REIMB.	R

PHYSICIAN SHOULD MAIL TO P.O. BOX 127, NEWARK, N.J. 07101

REQUEST FOR MEDICARE PAYMENT

Form Approved OMB No. 72-R0730

MEDICAL INSURANCE BENEFITS—SOCIAL SECURITY ACT (See Instructions on Back—Type or Print Information)

NOTICE—Anyone who misrepresents or falsifies essential information requested by this form may upon conviction be subject to fine and imprisonment under Federal Law.

PART I—PATIENT TO FILL IN ITEMS 1 THROUGH 6 ONLY

When completed, send this form to:

The Prudential Insurance Co. of America
Medicare B Division
P. O. Box 6500 — Millville, N. J. 08332

Copy from YOUR OWN HEALTH INSURANCE CARD (See example on back)

1 Name of patient (First name, Middle initial, Last name)

2 Health insurance claim number (Include all letters) ☐ Male ☐ Female

3 Patient's mailing address | City, State, ZIP code | Telephone Number

4 Describe the illness or injury for which you received treatment (Always fill in this item if your doctor does not complete Part II below) | Was your illness or injury connected with your employment? ☐ Yes ☐ No

5 If you have other health insurance or if your State medical assistance agency will pay part of your medical expenses and you want information about this claim released to the insurance company or State agency upon its request, give the following information.

Insuring organization or State agency name and address | Policy or Medical Assistance Number

6 I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment below.

Signature of patient (See instructions on reverse where patient is unable to sign) | Date signed

SIGN HERE

PART II—PHYSICIAN OR SUPPLIER TO FILL IN 7 THROUGH 14

7 A. Date of each service	B. Place of service (*See Codes below)	C. Fully describe surgical or medical procedures and other services or supplies furnished for each date given	D. Nature of illness or injury requiring services or supplies	E. Charges (If related to unusual circumstances explain in 7C)	Leave Blank
				$	

8 Name and address of physician or supplier (Number and street, city, State, ZIP code)

SCHMID D 67 221009345

SCHMID FLETC PA
67 HIGH ST
NEWTON NJ 07860

Telephone No.

Physician or supplier code

9 Total charges $

10 Amount paid $

11 Any unpaid balance due $

12 Assignment of patient's bill
☐ I accept assignment (See reverse) ☐ I do not accept assignment.

13 Show name and address of facility where services were performed (If other than home or office visits)

14 Signature of physician or supplier (A physician's signature certifies that physician's services were personally rendered by him or under his personal direction) | Date signed

*O—Doctor's Office
L—Independent Laboratory
H—Patient's Home (If portable X-ray services, identify the supplier)
IH—Inpatient Hospital
ECF—Extended Care Facility
OH—Outpatient Hospital
OL—Other Locations
NH—Nursing Home

FORM SSA-1490(2) (8-72)

Department of Health, Education, and Welfare
Social Security Administration

PART I

HEALTH MAINTENANCE EXAMINATION

HISTORY

It is assumed that the patient is **asymptomatic**, but certain key questions may bring out important signs of neoplasm.

NAME _____ DATE _____

ADDRESS _____ PHONE _____

AGE _____

Family History: Father
Mother
Siblings

Past History: Medical

Surgical

Present Status: Review of Symptoms

1. Head

_____Headache
_____Vertigo
_____Fainting
_____Tinnitus
_____Hearing
_____Vision
_____Diplopia
_____Nose Bleeds
_____Obstruction
_____Sores - Mouth
_____Sores - Tongue - Lips
_____Pain - Swallowing
_____Pain - Gums - Tongue
_____Hoarseness

2. Skin

_____Moles - Inflamation
_____ Irritation
_____ Ulceration
_____ Bleeding
_____Blemishes
_____Sores
_____Lumps

3. Glands and Nodes

_____Lymph Node Bearing Areas
_____Salivary Glands
_____Thyroid
_____Breasts

4. Cardiac

_____Dyspnoea
_____Orthopnoea
_____Exertion Dyspnoea
_____Palpitation
_____Edema

5. Respiratory

_____Chest Pain
_____Cough
_____Hemoptysis
_____Chills
_____Night Sweats

6. Gastro-Intestinal

_____Appetite
_____Digestion
_____Abdominal Pain
_____Nausea
_____Vomiting
_____Hematemesis
_____Constipation
_____Diarrhea
_____Change in Bowel Habit
_____Jaundice
_____Color of Stools
_____Hemorrhoids

7. Genito-Urinary System

_____Frequency
_____Urgency
_____Dysuria
_____Hematuria
_____Polyuria
_____Urethral Discharge
_____Genitalia

8. Neuro - Muscular

_____Tremors
_____Convulsions
_____Ataxia
_____Motor Disturbance
_____Sensory Disturbance

9. Gynecological

_____Menses
_____Abnormalities
_____Vaginal Discharge
_____Vaginal Spotting
_____Post-Coital Spotting

10. Extremities

_____Edema
_____Abnormality

11. Weight

_____Average
_____1 Year Ago
_____Now

Summary of Significant Facts:

_____

_____

_____

_____

_____

PART II

HEALTH MAINTENANCE EXAMINATION

PHYSICAL EXAMINATION

1. General

_____Appearance
_____Weight
_____Respirations
_____Nutrition

2. Skin

_____Lesions
_____Cyanosis
_____Jaundice
_____Pallor
_____Edema
_____Scars

3. Bones and Joints

_____Deformity
_____Mobility
_____Swelling
_____Tenderness

4. Lymph Nodes

_____Cervical
_____Axillary
_____Epitrochlear
_____Inguinal

5. Eyes

_____Sclerae
_____Conjunctives
_____Pupils
_____E. O. M.
_____Vision

6. Ears

_____Canals
_____Drums
_____Discharge
_____Hearing

7. Nose

_____Obstruction
_____Sinus Tenderness

8. Mouth

_____Lips
_____Teeth
_____Tongue
_____Mucosa
_____Oral Pharynx

9. Neck

_____Abnormal Pulsations
_____Thyroid
_____Glands

10. Breasts

_____Inspection - Size
_____Contour
_____Disturbance
_____Skin
_____Abnormalities
_____Nipple
_____Palpation - Masses
_____Consistency
_____Tenderness
_____Transillumination
_____Opacities
_____Translucent
_____Regional - Axillary
_____Glands
_____Suproclavi-
_____oular Glands

11. Chest

_____Symmetery
_____Expansion

12. Heart

_____Size
_____Rhythm
_____Sounds
_____Murmur

13. Lungs

_____Expansion
_____Fremitus
_____Breath Sounds
_____Percussion Note
_____Rales

14. Abdomen

_____Masses
_____Palpable Organs
_____Tenderness
_____Distention
_____Hernia
_____Pulse
_____B. P.

15. Genitalia

_____Abnormalities
_____Discharge
_____Lesions
_____Tumor Masses
_____Prostate

16. Pelvic

_____Cervix
_____Uterus
_____Discharge
_____Adnexa
_____Perianal Support

17. Rectal

_____Digital
_____Anoscopic
_____Proctoscopic
_____Fissures
_____Hemorrhoids
_____Masses

18. Extremities

_____Oedema
_____Tremors
_____Abnormalities

Summary of significant findings:

_____

_____

_____

_____

_____

_____

CYTOLOGY HISTORY

PATIENT: AGE: DATE:

ADDRESS:

DOCTOR: ADDRESS:

PHONE: NUMBER OF CHILDREN: _____

PREVIOUS SMEAR TAKEN: _____ HORMONE THERAPY: _____

PH: _____ PERIOD: REGULAR _____

ORAL CONTRACEPTIVE: _____ IRREGULAR: _____

RADIATION THERAPY: _____ BLEEDING DURATION: _____

DATE OF LAST TREATMENT: _____ REMARKS: _____

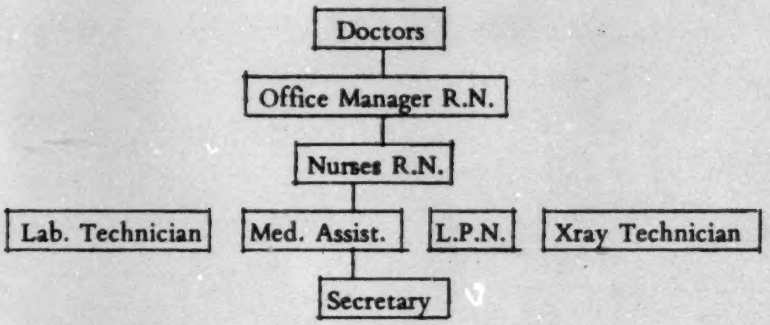
DATE OF LAST MENSES: _____ _____

SLIDE NO: _____ DATE TAKEN: _____ DAY OF CYCLE: _____ TEMPERATURE: _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____

Appendix Four

MEDICAL GROUP SCHEMATIC



The above is the usual order of chain of command. There may be variations due to seniority or other factors. When new personnel join the group, they are briefed by the specific person under whose supervision they will work.

Appendix Five

VOCABULARY LABORATORY TECHNOLOGY

acetest
acetone
acid cleaning solution
acid-fast bacteria
acid-fast staining method
acid hematin
aerobe
albumin
albuminuria
albustix
albutest
alkaline
anaerobe
analytical
bumintest
calcium oxalate crystals
calibrating
capillary blood
casts
catherterized
CBC (complete blood count)
centrifuge
cholesterol
clinistix
clintest
coagulation
calibration for hemoglobinometry
colorimetry
colometer
crossmatching
crystals, urinary
deoxyribonucleic acid
diabetes mellitus
diacetic acid
diluents, hematologic
double oxalate
"dumbbell" crystals
electrolyte balance
enxymes
eosinophil
erythroblastosis foetalis
erythrocyte
erythrocyte sedimentation rate (ESR)
fibrin
glucose
gram stain
granular casts
granulocytes
hemacytometer
hematocrit
hematology
hematuria
hemglobin
hemolysis
hemostasis
heparin
hyaline casts
hypochromasia
ictotest
insulin
isotonic solution
jaundice
ketone bodies
ketonuria
leukemia
leukocytes
leukocytosis
leukopenia
lipemia
lupus erthematosus cell test
lymphocyte
melanin
methylene blue staining method
microcytosis
microorganism
milliequivalents
molarity
moncyte
myoglobin
myohemglobin
nephritis
nephron
nephrosis
Nessler's reagent
neutrophil
nitrzine paper
nocturia
nonglucose reducing substances
nonprotein nitrogen
normality
oliguria
orthostatic proteinuria
Ostwald-Folin pipets
ovalocytes
oxyhemoglobin method
Pasteur pipet
pathogenic microoganisms
pericardial fluid
peripheral blood
peritoneal fluid
peroxidase activity

pH
phenol
phenolphthalein
photoelectric cell
photometer
photometry
placenta
polycythemia
polymorphonuclear neurtophil leukocyte (PMN)
polyuria
porphyrins
potassium oxalate
prothombin
prothrombin time
proteinuria
qualitative tests
quantitative measurements
refractometer
renal damage
reticulocyte
Rh-Hr blood group
saline solution
sediment
sensitization
Sickle cells
somatic tremor
spores
squamous epithlial cells
streptococci
sulfonamides
synovial fluid
thrombin
thrombocytes
titration
toluene
toluol
type, blood
urea
urea nitrogen
uremia
uric acid crystals
urobilinogen
urinometer
venipuncture
white blood cells
wintrobe hematocrit test
Wrights stain
zinc sulfate

Appendix Six

JOB PLACEMENT

High School Guidance Department

The function of the Guidance department is as follows:

1. Survey of the County Medical Society for job openings.
2. Student placement.
3. Counselor follow-up on job adjustment problems.

Name_____ Room_____ Hosp. No._____

Physician_____ Lab. No._____

R.B.C._____ W.B.C._____ Hb._____ %:_____ gms.

Color Index_____ Reticulocytes_____ Platelets_____

Coagulation Time_____ Bleeding Time_____ Prothrombin Time_____

	Count	Bases.	Eosins.	Myelos.	Juveniles	Stabs.	Segs.	Lymphs.	Monos.
Schilling Differential									
	Neutrophils, immature					mature			

Hematocrit

_____

_____

_____ Technologist

Form DD-412
PHYSICIANS' RECORD CO.
BERWYN, ILLINOIS . PRINTED IN U.S.A.

BLOOD (Morphology) Date_____

Name _____ Room _____ Hosp. No. _____

Physician _____ Lab. No. _____

Color _____ Character _____ Reaction _____

Specific Gravity _____ W.B.C. _____

Albumin _____ R.B.C. _____

Sugar _____ Ep. Cells _____

Acetone _____ Casts _____

Diacetic Acid _____ Bacteria _____

Bile _____ Crystals _____

Occult Blood _____ Urobilinogen _____

_____ Technologist

Form DD-411
PHYSICIANS' RECORD CO.
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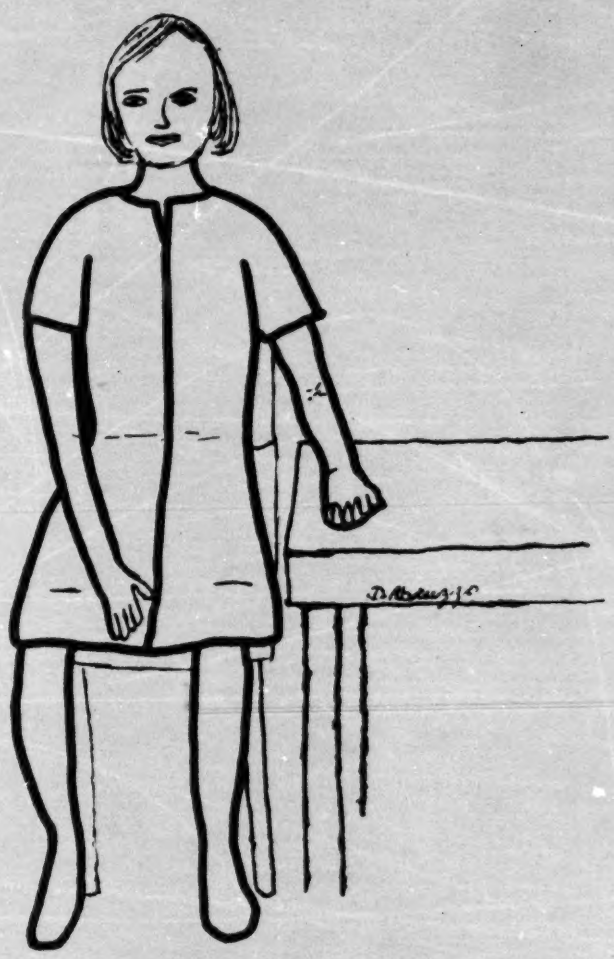
URINALYSIS

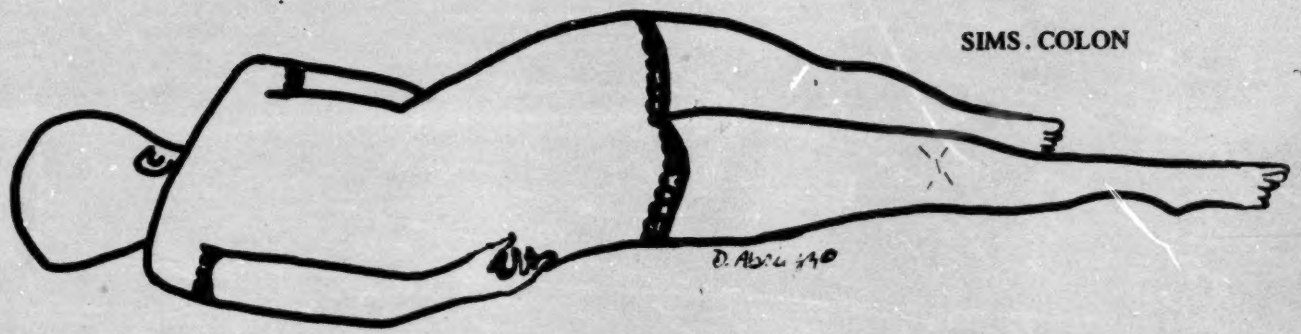
Date _____

Appendix Eight

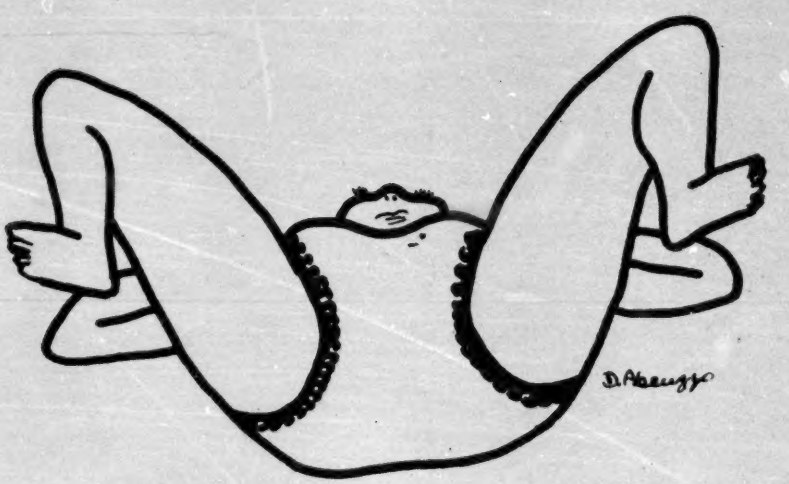


B.P. – CONSULTATION

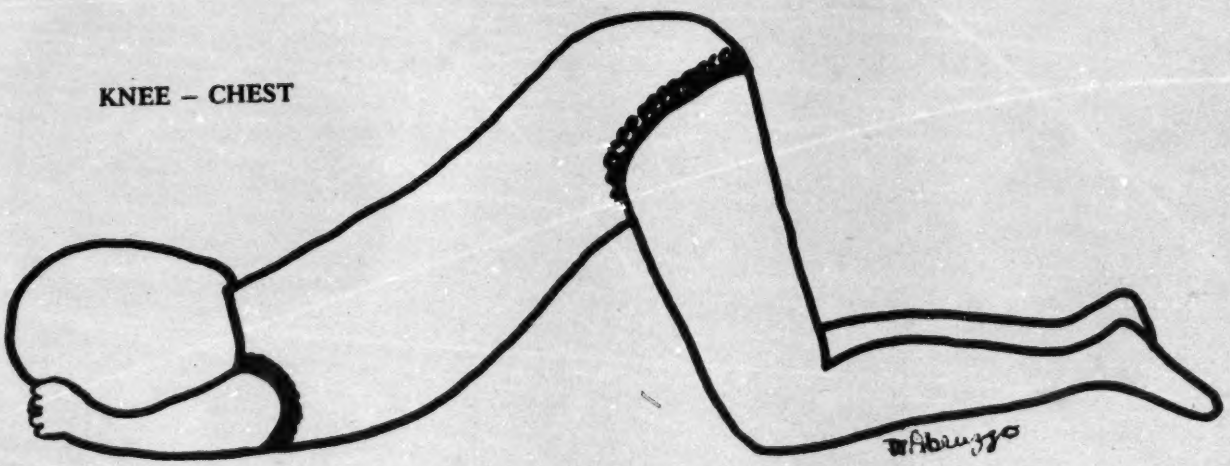
SIMS. COLON



OB. – GYN. RECTAL



KNEE – CHEST



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